

Demographic Information Form**Current Name:**

Title:

Last Name: Stebbins

First Name: David

Middle Initial:

Suffix:

Salutation:

Use this

Name?



Date of Birth: 988

SSN:

WIOA ID: AR7700273730

Gender: M

Current Addresses:

Facility:

Street: 123 W. Ridge

Suite/Apt: D

Zip: 72601

City: Harrison

State: AR

County Cd.: 009

County: Boone

Mail Here?



Main Residence?



Archive?



Archived Date:

Telecom: Phone #

Home:

Cell: (870)204-6516

Text
Only?

Team Assignment

Assigned to: Start Date: End Date: Primary?

Worker Assignment

Assigned to:	Start Date:	End Date:	Primary?
CATERINA MATHENY	12/01/2015		N
KARLA YOCHUM	05/26/2016		N

Contacts:

Contact Originating Form: Referral Specifics

Last Name: Disability Rights Arkansas First Name:

Title:

Contact Type: Professional (Not Educator)

Referral Specifics

Individual being referred: David Stebbins

Social Security:

Who took this referral?

Worker's Compensation? **N**

Are you Currently Receiving:

SSI for Aged? **N**

SSI for Disabled? **Y**

SSDI? **N**

Assistance Requested:

Assistance with attending Arkansas Tech in Russellville

Self Referral? ☐

Individual Making Referral:

Last Name: Disability Rights Arkansas First Name:

Title:

Contact Type: Professional (Not Educator)

Reason for Referral:

What is your disability?

Asperger's

Are you Employed? **N**

Target Group: VR
Referral Source: Other Sources

Primary Counselor(s):
AMY JONES CRC

Client's Office:
Fayetteville

Caseload Assignment

Assigned to:	Start Date:	End Date:	Primary?
JONES, AMY Caseload	12/17/2015		Y

Team Assignment

Assigned to:	Start Date:	End Date:	Primary?
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Worker Assignment

Assigned to:	Start Date:	End Date:	Primary?
CATERINA MATHENY	12/01/2015		N
KARLA YOCHUM	05/26/2016		N

Referral Received Date: 12/01/2015

STATE OF ARKANSAS

Asa Hutchinson
Governor

Charisse Childers, Ph.D.
Director



Arkansas Career Education
Division of Rehabilitation Services
Alan McClain, Commissioner

715 W. SHERMAN, SUITE E
HARRISON, AR 72601
(870)741-7153

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APPLICATION FOR SERVICES

NAME David Stebbins

I understand that I am responsible to help the Arkansas Rehabilitation Services (ARS) to determine my eligibility within 60 days of my application. I will be an applicant when I have:

- Signed the bottom of this form,
- Completed a ARS Intake Questionnaire, and
- Helped ARS to begin to get information that is needed to decide if I am eligible for services.

I understand that all of the information that ARS gathers about me will be confidential. This information will not be released to anyone without my informed written consent, except where allowed or required by law. It may be released if my actions cause serious concern about my safety or the safety of others. When ARS receives the information about me ARS will review it to determine if I am eligible for vocational rehabilitation services.

I understand that ARS can only pay for services if ARS writes an authorization before the services begin. I will not make promises to others that ARS will pay for any goods or services.

ARS has given me information about the Client Assistance Program (CAP) that is available in Arkansas (**see reverse**).

My counselor has explained the Order of Selection policy to me.

I understand that ARS may get information about my Social Security or Department of Social Services benefits, as well as Department of Labor employment records, for purposes of my vocational rehabilitation program.

If I disagree with any decision made by ARS (see Consumer Handbook for more information):

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- If I want to request mediation or an Impartial Hearing, I must send my request to the ARS Commissioner, Arkansas Career Education, Division of Rehabilitation Services.

WHEN YOU HAVE QUESTIONS:

If you do not understand what is happening with your application for services, or what is expected of you, or you have any other questions, first talk to your counselor. If this does not solve your concerns or answer your questions, you are then encouraged to speak to your counselor's supervisor and/or District Manager.

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ANOTHER SOURCE OF ASSISTANCE IS THE:

CLIENT ASSISTANCE PROGRAM

WHAT IS THE CLIENT ASSISTANCE PROGRAM (CAP)?

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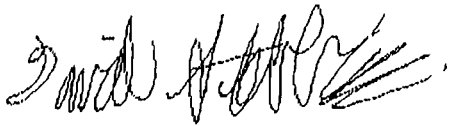
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*2/01/2015 13:27:12

David Stebbins

David Stebbins

12/01/2015

Client

Date

KEVIN COOK

Harrison

(870)741-7153

Name of Counselor

Office

Telephone

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VR Intake

Name: David Stebbins
Case # : 1
SSN: DOB: 988
Home Telephone:

Street: 123 W. Ridge
Suite/Apt #: D Zip: 72601
City: Harrison State: AR
County: Boone
Email: stebbinsd@yahoo.com

Referral Received Date: 12/01/2015

Referral Source: Other Sources

2014 Referral Source: Other Sources

Involvement with Other Agencies and Services at Application (Select up to 3)

Other Agencies and Services 1:
Not provided services or funding from any programs or organizations listed below

Other Agencies and Services 2:

Other Agencies and Services 3:

Race/Ethnicity:

☒ White?

- N** Black or African American?
- N** American Indian or Alaska Native?
- N** Asian?
- N** Native Hawaiian or Pacific Islander?
- N** Hispanic or Latino?

Impairments

Primary Impairment

Impairment: Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)

Cause: Depressive and other Mood Disorders

Secondary Impairment

Impairment: No Impairment

Cause: Cause Unknown

Current or highest grade of school completed
Completed High School

Student with Disability in Secondary Education

WIOA Student with a Disability:

Living Arrangement:
Private Residence (independent, or with family or other person)

Employment at Application:Is Client Working? **N**

Work Status: Not Employed: Other

Federal Reported Information

Work Status: Not Employed: Other

Pay Period:		Amount:	\$0.00
Hours per week:	0	# of Jobs:	
Days per week:	0	Earned:	\$0.00

Medical Insurance Coverage at Application:

Y Any Medical Insurance at Application?

Y Medicaid?

N Medicare?

N Public Insurance from Other Sources?

N Not Yet Eligible for Private Insurance through Current Employer?

N Private Medical Insurance through Own Employment?

N Private Medical Insurance through Other Means?

State or Federal Affordable Care Act Exchange?

Other Income Source at Application:

Please Enter Monthly Amount

AMOUNT

\$0 SSI for Aged

\$691 SSI for Disabled

\$0 Temporary Assistance for Needy Families (TANF)

\$0 General Assistance (State or Local Government) NOT FEDERAL

\$0 Social Security Disability Insurance (SSDI)

\$0 Veterans' Disability Benefits

\$0 Worker's Compensation

Unemployment Compensation
\$0 Family and/or Friends
\$0 Other Public Assistance

N Free or Reduced Lunch Program?

Primary Source of Support at Application:

All other sources (e.g. private disability insurance and private charities)

Primary Counselor(s):
AMY JONES CRC

Client's Office:
Fayetteville

Caseload Assignment

Assigned to:	Start Date:	End Date:	Primary?
JONES, AMY Caseload	12/17/2015		Y

Team Assignment

Assigned to:	Start Date:	End Date:	Primary?
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Worker Assignment

Assigned to:	Start Date:	End Date:	Primary?
CATERINA MATHENY	12/01/2015		N
KARLA YOCHUM	05/26/2016		N

Special Categories (Y=Yes N=No):

Honorably Discharged Veteran? **N**

Has the Client ever received services under an Individualized Education Program? **N**

Eligible to Work in the USA? **Y**

Previous Criminal History? **N**

Communication:

Primary
Language: English

Other

Languages:

Manual Communication Mode:

Have you received a Ticket to Work from Social Security? **N**

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STATE OF ARKANSAS VOTER'S AGENCY-BASED DECLINATION STATEMENT

Client Name: David Stebbins Date: 12/01/2015

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

[☐] YES, I want to apply to register to vote.

[☒] NO, I do not want to apply to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

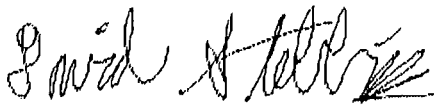
If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at the State Capitol, Little Rock, AR 72201-1094 or call 1-800-482-1127 (TDD 1-800-262-4704).

If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes.

If you do register to vote, the office at which you submit a voter registration application will remain confidential and will be used only for voter registration purposes.

Comments:

Already Registered



8/20/2015 12:46:53

David Stebbins

David Stebbins

Client

KEVIN COOK

Vocational Rehabilitation Counselor

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12/01/2015 13:27:12

David Stebbins

David Stebbins

Client

12/01/2015

Date

KEVIN COOK

Name of Counselor

Harrison

Office

(870)741-7153

Telephone

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David Stebbins

David Stebbins

12/01/2015

Client

Date

KEVIN COOK

Harrison

(870)741-7153

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Office

Telephone

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Arkansas Rehabilitation Services Substance Free Policy

As a customer of Arkansas Rehabilitation Services (ARS), I hereby certify, from my signature below, that I have received a copy of the agency's policy regarding the Substance Free Policy. (This has been provided in the appropriate format.) I understand that unlawful manufacturing, distributing, dispensing, possession of, or the use of a controlled substance, illegal use of substances while on any statewide agency premises or actively participating in an ARS program is prohibited. I understand a violation of this policy will subject me to disciplinary action.

The policy has been explained to me clearly, I understand my responsibilities, and I agree to abide by the terms of this policy. I confirm that my guardian(s) or I have been provided a copy.

Customer's Printed Name: David Stebbins

SSN: XXX-XX-

A handwritten signature in black ink, appearing to read "David Stebbins", with a stylized flourish at the end.

*2/07/2015 13:38:20

David Stebbins

David Stebbins
Client

Professional Disclosure Form – Arkansas Rehabilitation Services

The purpose of public vocational rehabilitation is to assist eligible persons with disabilities in achieving an employment outcome. This outcome may be returning to your former job or obtaining a job in a new field. You and your counselor will work together to find a job that you are physically and mentally able to do that is as close as possible to your vocational goals.

You will be working with a person who is a qualified rehabilitation counselor (RC) or is being supervised by one. You will be assigned a RC. If you are not satisfied at any time, you can inform your RC, his/her supervisor, or the state agency that handles such complaints. If you feel the RC has acted in an unethical manner, you should contact the Commission on Rehabilitation Counselor Certification.

To be eligible for vocational rehabilitation services, you may first be asked to take part in an evaluation. As much as possible, your RC will use information already available in your file. However, your RC may need you to sign a release of information form so that more information can be gathered. Additional tests, exams, or evaluations may be necessary to determine if you qualify for vocational rehabilitation services.

If you are eligible for vocational rehabilitation services, you and your RC will jointly develop an Individual Plan of Employment (IPE). The IPE spells out your vocational goals and the services that will be provided in order to help you reach those goals. It is important that you exercise your consumer choice by actively participating in the development of the IPE. Some of the services that may become a part of the IPE include the items listed below. Your RC will explain each service to you.

- Evaluation for vocational rehabilitation needs
- Physical restoration
- Counseling and guidance
- Supported employment
- Educational training
- Assistive technology, services, and equipment
- Job development and placement
- Employment retention and follow-up services

The types of services provided will depend on your particular needs. You and your RC are expected to work together to identify the comprehensive services that you will need. The timeframe of your IPE depends upon your goals and your progress. Your IPE can be reviewed and changed by you and your RC as appropriate.

One very important part of your relationship with your RC is confidentiality. Personal information related to your rehabilitation services may be recorded in your file. This information will be kept private except as follows:

- If you have signed a release of information form that allows information to be shared.

That form will state who receives what information. While your signature is voluntary, you need to be aware that your decision not to sign means that information cannot be shared with other providers. Thus, it may impact the implementation of your IPE.

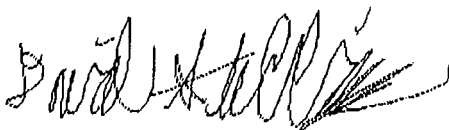
- If your RC believes you are going to harm or endanger yourself or others, he/she is required to notify the endangered individual(s), the proper authorities and/or officials.
- If your RC believes you are going to harm or endanger or abuse children or the elderly, he/she must report this to state or local authorities.
- If your RC or this agency is sued or court ordered and a properly issued subpoena is received, then information in your file may be released.
- If you are a minor or *not* your own legal guardian, then the information in your file may be available to your legal guardian or advocate.

It is important to remember that the goal of the RC is to help you secure a satisfactory job and that; services must be related to that goal. It is also important to know that the RC will, at all times, try to act in your best interest and protect you from unnecessary risk.

Before signing this form, your RC will review the following topics with you.

- The RC's roles and responsibilities
- Your roles and responsibilities
- The RC's approach or method
- Legal issues affecting services
- Confidentiality and limitations regarding confidentiality
- Creating and using the IPE
- Goals and types of services provided
- Types of services not provided
- Risks and benefits associated with services
- Who to contact in the event the RC is unavailable

By signing this form, I attest that I have discussed the aforementioned topics with my RC and that I understand the information discussed as well as the information contained within this document.



12/01/2015 13:42:52

David Stebbins

David Stebbins
Client

12/01/2015
Date

KEVIN COOK
Vocational Rehabilitation Counselor

12/01/2015
Date

RS-16 Financial Resources

Current Name:

Title:

Last Name: Stebbins

First Name: David

Middle Initial:

Suffix:

Salutation:

Use this

Name?


Total Number in Household: 1

I. CAPITAL ASSETS

	Amount
1. Liquid Assets (Exempt single \$6,000; person with dependents \$12,000)	\$0.00
2. Other	\$0.00
3. TOTAL	\$0.00

II. MONTHLY INCOME

	Amount
4. Salary (Continuing - Client Only)	\$0.00
5. Retirement/Pension (Client Only)	\$0.00
6. VA Disability (Client Only)	\$0.00
7. SSDI (Client Only)	\$0.00
8. SSI (Client Only)	\$691.00
9. Annuities (Client Only)	\$0.00
10. Private Insurance (Client Only)	\$0.00
11. TANF (Client Only)	\$0.00
12. Other (Include Family Income)	\$0.00
13. TOTAL (Lines 4-12)	\$691.00

III. NORMAL LIVING REQUIREMENTS (do not complete for SSI/SSDI Recipients)

	Amount

14. Family Group (See NLR Chart)	
15. Special Conditions	
16. Special Conditions	
17. TOTAL (Lines 14-16)	\$0.00

IV. CLIENT'S AVAILABLE RESOURCES (do not complete for SSI/SSDI Recipients)

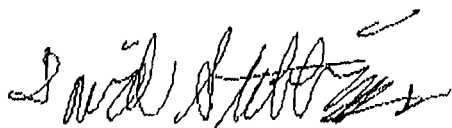
	Amount
18. Monthly Income Available (If Line 17 is greater than Line 13, enter 0).	\$0.00
19. Income Available (Line 18 times months)	\$0.00
20. Capital Assets (Line 3)	\$0.00
21. TOTAL (Lines 19 & 20)	\$0.00

V. COMPARABLE BENEFITS

	Yes/No	Amount
22. Medicaid	Y	
23. Medicare	N	\$0.00
24. Pell Grant	N	\$0.00
25. Insurance	N	\$0.00
26. VA (Educ/Tmg. Only)	N	\$0.00
27. Worker's Compensation	N	\$0.00
28. Other (Specify)	N	\$0.00
29. TOTAL (Lines 22-28)		\$0.00

Comments:

I hereby certify that all information in Section I through V is true to the best of my knowledge. I also grant permission for the Arkansas Rehabilitation Services to investigate the accuracy of this report. If my financial condition changes, I agree to notify the Counselor.



12/01/2015 13:47:24

David Stebbins

David Stebbins

Client

12/01/2015

Date

KEVIN COOK

Vocational Rehabilitation Counselor

12/01/2015

Date

AMY JONES CRC

District Manager

12/03/2015

Date

ARKANSAS REHABILITATION SERVICES
AUTHORIZATION FOR RELEASE OF INFORMATION

Name David Stebbins Birth Date _____ Social Security Number _____

1. I hereby authorize use or disclosure of protected health/vocational information about me as described below.
2. The following individual/institution or organization is authorized to make the disclosure:

Dr. Victor Chu/Medical Recorder Address _____

3. This information may be disclosed to and used by the following individual or organization:

Attn. Of: **Arkansas Rehabilitation Services**

Counselor Karen Cook M.R., C.R.C.
Address 715 W. Sherman Suite E
Harrison, AR 72601

- for the purpose of
- ☒ Establish eligibility for vocational rehabilitation services
 - ☒ Develop a vocational program for individual
 - ☐ Determine need for/or type of treatment
 - ☐ Other (specify) _____

The specific type of information to be used or disclosed is as follows:

- | | |
|--|--|
| <input checked="" type="checkbox"/> History & Physical Examination | <input type="checkbox"/> Medication List |
| <input checked="" type="checkbox"/> Discharge Summary | <input type="checkbox"/> List of Allergies |
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> X-Ray and Imaging Reports |
| <input type="checkbox"/> Consultation Reports regarding _____ | |
| <input checked="" type="checkbox"/> Vocational Records | |
| <input type="checkbox"/> Other _____ | |

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. I understand I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the entity that was authorized to release information. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire 12 months following the date signed by me.
6. I understand that authorizing the disclosure of this health information is voluntary. I understand any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal confidentiality rules (HIPAA).
8. Health information may be faxed: Yes X No _____ (initial appropriate space)
9. An electronic copy of the authorization will be as valid as the original.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

David Stebbins
Signature of Individual/Representative

12-1-2015
Date

Relationship to Individual if signed by Representative

Signature of Witness

STATE OF ARKANSAS



Asa Hutchinson
Governor

Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClain, *Commissioner*

Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX
CONFIDENTIAL

To: Dr. Victor Chu/Crossroads Medical Clinic
Fax Number: 870-741-6800
From: Kevin Cook, MA, CRC
Fax Number: 870-741-7231
Date: 12/01/2015
Regarding: Medical Recorder for present or pass 3 years
Number of Pages: 1
Phone Number for follow-up: 870-741-7153

COMMENTS: Medical Recorder for eligibility for services. If you have any questions please call 870-741-7180 for Caterina Matheny, Administrative Specialist II or the Counselor Kevin Cook on Tuesday and Thursday at 870-741-7153 or on Monday, Wednesdays, and Friday at 479-583-1286. Thank you.

PROHIBITION OF REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS THAT ARE CONFIDENTIAL. YOU ARE PROHIBITED FROM USING THE INFORMATION FOR OTHER THAN THE STATED PURPOSE, FROM DISCLOSING IT TO ANY OTHER PARTY WITH OUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, AND ARE REQUIRED TO DESTROY THE INFORMATION AFTER THE STATED NEED HAS BEEN FULFILLED OR AS OTHERWISE PERMITTED BY LAW. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

TRANSMISSION VERIFICATION REPORT

TIME : 12/01/2015 16:08
NAME : AR REHAB SERV
FAX : 8707417231
TEL : 8707417153
SER. # : BROH6J529120

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)

RESULT
MODE

12/01 16:07
98707416800
00:00:34
02
COVERPAGE
OK
STANDARD
ECM

STATE OF ARKANSAS



Asa Hutchinson
Governor

Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClain, *Commissioner*

Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX
CONFIDENTIAL

To: Dr. Victor Chu/Crossroads Medical Clinic

Fax Number: 870-741-6800

From: Kevin Cook, MA, CRC

Fax Number: 870-741-7231

Date: 12/01/2015

Regarding: Medical Recorder for present or pass 3 years

ARS 32

**ARKANSAS REHABILITATION SERVICES
AUTHORIZATION FOR RELEASE OF INFORMATION**

Name David Stebbins Birth Date _____ Social Security Number _____

1. I hereby authorize use or disclosure of protected health/vocational information about me as described below.
2. The following individual/institution or organization is authorized to make the disclosure:

Dr. Robert Frenel

Address _____

3. This information may be disclosed to and used by the following individual or organization:

Attn. Of: **Arkansas Rehabilitation Services**

Counselor David Cook M.R., C.R.C.

Address 715 W. Sherman Suite E

Harrison, AR 72601

- for the purpose of
- ☒ Establish eligibility for vocational rehabilitation services
 - ☒ Develop a vocational program for individual
 - ☐ Determine need for/or type of treatment
 - ☐ Other (specify) _____

The specific type of information to be used or disclosed is as follows:

- | | |
|--|--|
| <input checked="" type="checkbox"/> History & Physical Examination | <input type="checkbox"/> Medication List |
| <input checked="" type="checkbox"/> Discharge Summary | <input type="checkbox"/> List of Allergies |
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> X-Ray and Imaging Reports |
| <input type="checkbox"/> Consultation Reports regarding _____ | |
| <input checked="" type="checkbox"/> Vocational Records | |
| <input type="checkbox"/> Other _____ | |

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. I understand I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the entity that was authorized to release information. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire 12 months following the date signed by me.
6. I understand that authorizing the disclosure of this health information is voluntary. I understand any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal confidentiality rules (HIPAA).
8. Health information may be faxed: Yes X No _____ (initial appropriate space)
9. An electronic copy of the authorization will be as valid as the original.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

David Stebbins
Signature of Individual/Representative

12-01-2015
Date

Relationship to Individual if signed by Representative

Signature of Witness

STATE OF ARKANSAS



Asa Hutchinson
Governor

Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClain, *Commissioner*

Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX
CONFIDENTIAL

TO: Robert Frenal/Vantage Point
Fax Number: 870-741-2722
From: Kevin Cook, MA, CRC
Fax Number: 870-741-7231
Date: 12/01/2015
Regarding: Medical Recorder for present or pass 3 years
Number of Pages: 1
Phone Number for follow-up: 870-741-7153

COMMENTS: Medical Recorder for eligibility for services. If you have any questions please call 870-741-7180 for Caterina Matheny, Administrative Specialist II or the Counselor Kevin Cook on Tuesday and Thursday at 870-741-7153 or on Monday, Wednesdays, and Friday at 479-583-1286. Thank you.

PROHIBITION OF REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS THAT ARE CONFIDENTIAL. YOU ARE PROHIBITED FROM USING THE INFORMATION FOR OTHER THAN THE STATED PURPOSE, FROM DISCLOSING IT TO ANY OTHER PARTY WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, AND ARE REQUIRED TO DESTROY THE INFORMATION AFTER THE STATED NEED HAS BEEN FULFILLED OR AS OTHERWISE PERMITTED BY LAW. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

TRANSMISSION VERIFICATION REPORT

TIME : 12/01/2015 16:09
NAME : AR REHAB SERV
FAX : 8707417231
TEL : 8707417153
SER.# : BROH6J529120

DATE, TIME	12/01 16:09
FAX NO./NAME	98707412722
DURATION	00:00:39
PAGE(S)	02
RESULT	COVERPAGE
MODE	OK
	STANDARD
	ECM

STATE OF ARKANSAS



Asa Hutchinson
Governor

Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClain, *Commissioner*

Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX
CONFIDENTIAL

TO: Robert Frenal/Vantage Point
Fax Number: 870-741-2722
From: Kevin Cook, MA, CRC
Fax Number: 870-741-7231
Date: 12/01/2015
Regarding: Medical Recorder for present or pass 3 years
ARS 35

STATE OF ARKANSAS



Asa Hutchinson
Governor

Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClellan, *Commissioner*

Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX

CONFIDENTIAL

TO: Robert Franal/Vantage Point

Fax Number: 870-741-2722

From: Kevin Cook, MA, CRC

Fax Number: 870-741-7231

Date: 12/01/2015

Regarding: Medical Recorder for present or past 3 years -

Number of Pages: 1

Phone Number for follow-up: 870-741-7153

*No records on
this patient*

COMMENTS: Medical Recorder for eligibility for services. If you have any questions please call 870-741-7180 for Caterina Matheny, Administrative Specialist II or the Counselor Kevin Cook on Tuesday and Thursday at 870-741-7153 or on Monday, Wednesdays, and Friday at 479-583-1286. Thank you.

PROHIBITION OF REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS THAT ARE CONFIDENTIAL. YOU ARE PROHIBITED FROM USING THE INFORMATION FOR OTHER THAN THE STATED PURPOSE, FROM DISCLOSING IT TO ANY OTHER PARTY WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, AND ARE REQUIRED TO DESTROY THE INFORMATION AFTER THE STATED NEED HAS BEEN FULFILLED OR AS OTHERWISE PERMITTED BY LAW. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

ARKANSAS REHABILITATION SERVICES AUTHORIZATION FOR RELEASE OF INFORMATION

Name David Robbins Birth Date _____ Social Security Number _____

1. I hereby authorize use or disclosure of protected health/vocational information about me as described below.
2. The following individual/institution or organization is authorized to make the disclosure:

Address _____

3. This information may be disclosed to and used by the following individual or organization:
Attn. Of: Arkansas Rehabilitation Services

Counselor Karl Cook M.A., C.C.
Address 715 W. Sherman Suite E
Harrison, AR 72601

- for the purpose of
- ☒ Establish eligibility for vocational rehabilitation services
 - ☒ Develop a vocational program for individual
 - ☐ Determine need for/or type of treatment
 - ☐ Other (specify) _____

The specific type of information to be used or disclosed is as follows:

- | | |
|--|--|
| <input checked="" type="checkbox"/> History & Physical Examination | <input type="checkbox"/> Medication List |
| <input checked="" type="checkbox"/> Discharge Summary | <input type="checkbox"/> List of Allergies |
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> X-Ray and Imaging Reports |
| <input type="checkbox"/> Consultation Reports regarding _____ | |
| <input checked="" type="checkbox"/> Vocational Records | |
| <input type="checkbox"/> Other _____ | |

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. I understand I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the entity that was authorized to release information. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire 12 months following the date signed by me.
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8. Health information may be faxed: Yes X No _____ (initial appropriate space)

9. An electronic copy of the authorization will be as valid as the original.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

David Robbins
Signature of Individual/Representative

Date

Relationship to Individual if signed by Representative

Signature of Witness

STATE OF ARKANSAS

Asa Hutchinson
Governor

Charisse Childers, Ph.D.
Director



Arkansas Career Education
Division of Rehabilitation Services
Alan McClain, Commissioner

715 W. SHERMAN, SUITE E
HARRISON, AR 72601
(870)741-7153

<http://www.arsinfo.org>
An Equal Opportunity Employer

December 01, 2015

Status: 02

PURPOSE OF CONTACT:

I met with David Stebbins on 12/01/2015 to explain the type and extent of services, which may be obtained through this agency in an attempt to enter David into employment and to complete an application for Rehabilitation Services.

CONTENT OF CONTACT:

A. STATED REHABILITATION PROBLEM:

David was referred to this agency by _____ due to what David feels is a rehabilitation problem.

Aspergers

B. COUNSELING OBSERVATION:

I feel that David has a realistic view of the rehabilitation problem, which I perceive to be the inability to secure and maintain employment due to the presence of the physical/emotional limitations noted above, and lack of specialized work skills.

David indicated a desire to secure assessment, counseling and guidance, training and placement services, which appear to be feasible and would address the rehabilitation problem stated above.

C. ACTION PLAN:

A Release of Information form will be forwarded to _____ to obtain medical/psychological records. David was scheduled for a psychological evaluation. Time: _____ Date: _____

D. COUNSELING SESSION:

David was explained the assessment and eligibility process, and the type and extent of services that might be provided in an attempt to allow client to obtain and maintain appropriate employment. David was explained the responsibilities throughout the rehabilitation process and stressed the goal of gainful employment in the most integrated setting. The Order of Selection process was explained and counseling issues were addressed.

E. INFORMED CHOICE:

David was afforded opportunities to exercise informed choice in decisions concerning the provision of assessment services. In addition, was provided, or assisted in acquiring, information that addressed the types of services offered, cost, accessibility, duration, consumer satisfaction, qualifications of providers and integrated settings. Methods or sources of information included lists of state or regional providers, consumer satisfaction surveys, referrals to consumers or consumer groups, and accreditation. The consequences of assessment outcomes and the effect on the eligibility for services were described to David.

RESULTS OF CONTACT:

An application for services has been initiated at this time, the views of the client and the counselor's observations regarding the rehabilitation problem considered, counselor's plan of action and client's responsibilities identified, and arrangements made to begin the diagnostic testing necessary to determine eligibility and the nature and extent of appropriate services.

ARKANSAS DRIVER'S LICENSE
State

DOB: 988

STEBBINS
DAVID
ANTHONY
123 W RIDGE AVE APT D
HARRISON, AR 72601 4236

Issued: 11-10-2015 Expires: 12-29-2019

Sex: M Height: 6-00 Eyes: BRO

Endorse: Restr: 0

ORGAN DONOR

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

DAVID ANTHONY
STEBBINS

SIGNATURE

Social Security Administration
Supplemental Security Income
Important Information

SOCIAL SECURITY
131 W INDUSTRIAL PK RD
HARRISON AR 72601

Date: October 31, 2015
Claim Number:

000000328 I-000000 1024 2 COM
328 1 MB 0.436
A67 15S1934G48013
DAVID ANTHONY STEBBINS
123 W RIDGE APT D
HARRISON AR 72601-4236

We are writing to tell you about changes in your Supplemental Security Income (SSI) record. This action does not change your current payment amount.

Your Payments Will Be As Follows:

From	Through	Amount Due Each Month
December 1, 2015	Continuing	\$733.00

When You Will Receive Your Payments

Your bank or other financial institution will receive your monthly payment of \$691.40 around December 1, 2015, and on the first of each month after that.

Information About Your SSI Payments

By withholding \$41.60 from the December 2015 payment, we will complete recovery of all overpayments on your account that can be collected through benefit withholding.

See Next Page

SSA-18186

Client Contact Note

Client Name: David Stebbins

Date: 12/01/2015

Description: Case Note

Whose Note: KEVIN COOK

For Program: VR

Status: 02

Type of Contact: Face to Face Location: Office

Flag this Contact Note?

Note:

David is a 27 year old male who was referred by Disability Rights Arkansas. Client lives by himself and receives disability benefits for Asperger's per his medical records. Counselor asked if there are additional doctors and Dr. Robert Frenal and Dr. Chu have been sent release of information forms.

He told me I was against him as soon as he set down. I explained that my goal is to work with him so that together we can find a way for him to be successful in his goals.

Client has attended NAC in Harrison but was not able to complete his studies. He reported attending U of A Fayetteville but said he was kicked out. Client was not cooperative so not able to discuss his grades and obtaining copies. Counselor will suggest RIDAC testing for evaluation and the need to have a copy of transcripts from both NAC and U of A.

Client smelled like he has not taken a bath is along time. Hygiene will be a sensitive topic that will have to be discussed at some point.

He emailed me several times requesting a copy of the questions he would have to answer so he could have time to think through them. He also states that his family is against him and everyone he meets is out to get him - "The whole world hates me." was another comment. David said, "all I have is myself and my 10,000 roaches I live with." Counselor told him I am here because I genuinely care and want what is best for him.

Client said he needs assistance with paying for college. Counselor told him we can assist with funding but he must apply for pell grants, FASFA, loans, etc. to pay his part. Client

said he has loans of over \$40,000 and needs extra funding. Counselor explained that ARS policy allows for paying for expenses for attending college and for extenuating circumstances we can go up to \$2,500 per semester or \$5,000 a school year. Client explained he has extenuating circumstances that requires more assistance. He said he needs funds for moving to Russellville to attend Arkansas Tech, to pay for an apartment, summer school so he will not have to find another place to live, travel if an apartment is required too far from campus and living expenses.

Here is the latest email from Mr. Stebbins (12/02/2015):

I've looked up the costs of attendance to see how much extra money I'll need. Take a look at these two links:

http://www.atu.edu/academics/catalog/colleges/applied_sciences/dept_comp_info_sci.html
www.atu.edu/stuaccts/tuitionfees.php

As you can see from the first link, the semester where I'll have the most credit hours is the second freshman semester, where I'll have 17 hours.

According to the second link, that means my cost of attendance, per semester, will be ...

\$3,655 for tuition

\$731 in student fees

\$1,596.00 for a residence hall (because remember, I don't have a car).

\$15 for a mandatory P.O. box, and

\$1,274.00 for a meal plan that lets me have two meals per day.

Add it all up, and that comes out to \$7,271.00 per semester.

I can probably get the maximum pell grant. However, A) that doesn't help me in the summer semester (because as I said before, I absolute HAVE to take summer semesters because I won't have a home to go back to), and B) that still puts me \$4,383.50 in the red, per semester.

So, I would need \$16,038 per year from you. That amounts to an increase of \$11,038 in "extenuating circumstances" funds.

On Tue, 12/1/15, Kevin Cook <Kevin.Cook@arkansas.gov> wrote:

Subject: RE: Another extenuating circumstance

To: "David Stebbins" <stebbinsd@yahoo.com>

Date: Tuesday, December 1, 2015, 2:59 PM

thanks

-----Original Message-----

From: David Stebbins [<mailto:stebbinsd@yahoo.com>]

Sent: Tuesday, December 1, 2015 2:23 PM

To: Kevin Cook

Subject: Another
extenuating circumstance

Dear Mr. Cook,

On my way back home, I remembered another
extenuating circumstance that you could forward to your
boss:

I need assistance in
making the one-way trek to ATU campus. That'll easily
cost about \$500, since I'll have to take ALL my
possessions with me.

Please
include that in your report.

Thank you.
David Stebbins

As you can see from all of this additional medical records are needed and
were requested as something else seems to be going on with Mr. Stebbins.
Counselor will inform Mr. Stebbins that his requirements are more than ARS
can provide do to our policy of spreading out of funds to assist as many
people as possible and that the \$5,000 per year max limit is set to enable us
to reach that goal. Counselor will also inform client that we can help with job
placement services in lieu of school if he cannot obtain additional funding due
to his current \$40,000 debt. KDC

Assign this as a task to: | |

12/1/15
med. brought in
by
David

(LIC. 10-2003) ADP # 5001082659		St. Bernard Medical Center 215 E. Jackson Avenue, Jourd'haut, AR 72401 (501) 933-4100		SPY 500700944
ADMIT DATE: 04/01/15 ADMIT TIME: 1700 DISCH DATE: 04/02/15 DISCH TIME: 0900	ROOM/BLD: 025-08 SERVICE: INTER ADMIT SOURCE: EMERGENCY	PATIENT STATUS: Inpatient FINANCIAL CLASS: 000		
*** PATIENT INFORMATION ***				
PATIENT: STEBBINS, DAVID ADDRESS: 120 W RIDGE APT D HARRISON, AR 72401 PHONE 1: 379 204 0516 EMAIL:	BIRTHDATE: 12/29/1968 MARITAL STATUS: SINGLE MRN: 025 14 4148 MRN NAME:	AGE: 46 SEX: M RACE: WHITE SIGN: M ETHNICITY: Non-Hispanic	CONSENT METHOD: 000 PROVIDED ASST: 0 FALL WITH 30 DAYS: 0 MED-PRIVACY NOTICE: 1	
*** PHYSICIAN INFORMATION ***				
ADMIT PHYSICIAN: WRIGHT, ELISE F MD ATTENDING PHYSICIAN: WRIGHT, ELISE F MD		PRIMARY CARE PHYS: WRIGHT, ELISE F MD EP PHYSICIAN:		
*** EMPLOYMENT INFORMATION ***				
EMPLOYER: UNEMPLOYED ADDRESS:		OCCUPATION: OM EMP PHONE 1:		
*** CONTACT INFORMATION ***				
NEXT OF KIN: STEBBINS, ELA HOME ADDRESS:		EMERGENCY CONTACT: STEBBINS, ELA EMER ADDRESS:		
HOME PHONE 1: 379 743 4386 HOME PHONE 2:		HOME PHONE 1: 379 743 4386 GROUP HOME PHONE 1:		
*** GUARANTOR INFORMATION ***				
GUARANTOR NAME: STEBBINS, DAVID GUAR ADDRESS: 120 W RIDGE APT D HARRISON, AR 72401 GUAR PHONE NO: 379 204 0516		GUAR EMPLOYER: UNEMPLOYED GUAR EMP ADDR:		RELATIONSHIP: 10 RELAT SAME AS PATIENT GUARANTOR SEX: M GUARANTOR DOB: 00
INSURANCE	POLICY #	SUBSCRIBER	SUBSCRIBER ADDRESS	AUTH/PRE CERT#
1-MEDICAID	278797-000	STEBBINS, DAVID	120 W RIDGE APT D	Track# 1511400013
	P O BOX 0036, LITTLE ROCK, AR 72233	DOB: 12/29/68	HARRISON, AR 72401	
	10204574454	GROUP #	10 RELAT SAME AS PATIENT	Track# 1511700124
		DOB:		
		GROUP #		
		DOB:		
		GROUP #		
		DOB:		Track# 1511400011
		GROUP #		
*** OCCURRENCE INFORMATION ***				
OCCURRENCE DATE: 04/01/15 OCCURRENCE TYPE: 11 DATE ONSET SYMPTOMS/ILLNESS				
REASON FOR VISIT: SYNTHANTIC, HEMATHEMIS ICD9-CM CODE:				

St. Bernards Medical Center
225 East Jackson
Jonesboro, AR 72401

Patient Name: STEBBINS,DAVID
Account # SV0131867699
Med Rec # SM07090944
Age: 26
DOB: 88
Hospital Service: IN01M
Room # 305-0B
Admit Date: 04/25/15
Admitting Doctor: WEEKS, ELOISE E MD
Attending Doctor: WEEKS, ELOISE E MD
Documented By: SMITH, MARK M MD
Date and Time: 04/24/15 0501
Primary Care Provider:

ER Physician Documentation

STATUS: Signed

General History Present Illness

- General

****Description/Onset of Symptoms:** ems states transported here for further eval of possible overdose on bleach, drank approx 3 cups of bleach, patient states pain to stomach and throat, no burning to lips or mouth noted in er.

****Information Source:** ems/self

Exam Limitations: Clinical Condition, Physical Impairment

- History of Present Illness

Initial Comments:

26-year-old male transferred to this facility from an emergency room in Harrison Arkansas the history that he ingested some liquid bleach earlier yesterday and an apparent suicidal attempt. The patient is here alone he has Asperger's syndrome and is not particularly cooperative and obtaining his history. Patient states he drank about 3 cups of an unknown brand-name bleach which he bought at a Dollar store. The color of the bottle was clear. This is the extent of the information he is willing or able to give me as far as the nature of his ingestion. Patient states he has vomited 3 times since his ingestion vomited what he describes as "bleach", and blood. He denies any respiratory symptoms. Patient complains of pain in his epigastric area through the middle of his chest and up into his mouth and oral cavity which he complains is also painful. The patient is a sleepy arouses easily as noted above is not very cooperative with obtaining history he does respond coherently and answers most questions with one or 2 word responses.

Symptom Location: Neck, Chest, Abdomen, Generalized

Timing/Duration: yesterday

Quality/Severity: Moderate

Allergies/Adverse Reactions:

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
-----------------	------	----------	----------	--------	-------------

ER Physician Documentation

No Known Allergies	Allergy	Verified	04/24/15 04:47
--------------------	---------	----------	----------------

Home Medications:

Ambulatory Orders

Medication	Instructions	Recorded
NK [No Known Home Meds]		04/24/15

Past Medical History

- Past Medical History

Past Medical History: Yes

- Cardiovascular

History of Cardiovascular Disease: No

- HEENT

History of HEENT Problems: No

- Respiratory

History of Respiratory Problems: No

- Gastrointestinal

History of GI Problems: No

- Genitourinary

History of GenitoUrinary Problems: No

- Endocrine

History of Endocrine Problems: No

- Musculoskeletal

History of Musculoskeletal Problems: No

- Reproductive

History of Male Problems: No

- Integumentary

History of Skin Problems: No

- Neurological

History of Neurological Problems: No

- Cancer

History of Cancer: No

- Hematologic

History of Hematologic Problems: No

- Autoimmune

History of Autoimmune Problems: No

- Psychosocial

Hx Psychosocial Problems: Yes

Psychosocial History: Aspergers Disease, Depression

Psychosocial History Comment: IED

Past Surgical History

- Surgical History

Surgical History: Yes

Surgical History: Hernia Repair, Inguinal

Social History

- History of Tobacco Use

Smoking Cessation: Never Smoker

- History of Alcohol Use

Alcohol Use: No

- History of Drug Use

History of Drug Use: No

- Living Arrangement

Lives with: Family

Review of Systems

- Review of Systems

Review of Systems: All other systems reviewed and negative - pt is not overly cooperative, thus accuracy of history is in question

EENTM: Mouth Pain, Throat Pain

Respiratory: denies: Short Of Breath

Cardiology: Chest Pain

Gastrointestinal/Abdominal: Abdominal Pain

Musculoskeletal: No Symptoms Reported

Skin: No Symptoms Reported

All Other Systems: Reviewed and Negative

- Review

I have documented the ROS for this visit: Yes

ED MD Exam

- General

Pulse Oximetry Interpretation as ___ %: 98

Type: Room Air

Pulse Oximetry Adequacy: Normal

- Physical Exam

General Appearance: WD/WN, No Apparent Distress

Eyes, Ears, Nose, Throat Exam: Normal ENT Inspection - no visible burns/lesions/irritation of lips

Continued
4

ER Physician Documentation

STEBBINS,DAVID

Account #: SV0131867699

tongue or oral cavity.

Neck: Non-Tender, Normal Inspection

Respiratory: Chest Non-tender, No Respiratory Distress

Cardiovascular/Chest: Regular Rate, Rhythm

Abdominal Exam: Normal Bowel Sounds, Soft, Tenderness. negative: Distended, Guarding, Rebound

Extremities Exam: non-tender, no edema

Neurological: No focal neuro/motr deficit. negative: alert

Eye contact: Uncooperative

Skin Exam: Normal Color

- Reviewed

I have documented the PE for this visit: Yes

Course

- Course

Orders, Labs, Meds:

Vital Signs - 24 hr

	04/24/15 04:37
Temperature	98.6 F
Pulse Rate [100 H
Left Pulse Ox]	
Respiratory	21
Rate	
Blood Pressure	128/92
[Left Arm	
Sitting]	
O2 Sat by Pulse	98
Oximetry	

Result Diagrams:

04/25/15 03:30

9.5 13.8L 152
41.2L

04/25/15 03:30

135L 106 12 81
3.6 21L 0.9

ED MD Note

- Physician Note

ED MD Note:

04/24/15 05:11

SBBH evaluated/agrees to accept pt when medically cleared.

D/W Dr Merryman UNA, admit obs for Dr Holder.

ER Physician Documentation

Continued
5

ER Physician Documentation

STEBBINS,DAVID

Account #: SV0131867699

ED MD Medicaid Statement

- Medicaid Statement

Patient Status by Prudent Layperson's Definition:: Emergent

Patient:: Treated in ED

Departure

- Departure

Disposition: Admit as Observation

Discharge Problem/Impression:

Ingestion of bleach, Suicidal ideation, Asperger's syndrome, History of hematemesis, Esophagitis, acute

Condition: Fair

Home Medications:

Ambulatory Orders

NK [No Known Home Meds]

Signature: MARK M SMITH MD

<Electronically signed by MARK M SMITH MD> 04/26/15 0503

MSMITH1/MMS

DD/DT: 04/24/15 0501

TD/TT: 04/24/15 0501

CC:

ER Physician Documentation

St Bernards Medical Center 225 East Jackson Jonesboro. AR 72401

Hospitalist H&P

Patient Name: STEBBINS, DAVID

Account # SV0131867699 **Med Rec #** SM07090944

Admit Date: 04/24/15 **DOR:** : **Age:** 26 **Sex:** M

Date and Time: 04/24/15 0552 **Status:** Signed

Hospitalist History & Physical

Chief Complaint: "There is no justice in the world"

HPI:

Pt is a 36 yr old male that was transferred here from North Arkansas Regional medical center after reports of intention to harm himself by drinking bleach. Pt has a history of Asperger's. He was taken to ED after reports of drinking three cups of bleach to commit suicide. He states he drank the bleach because "there is no justice in the world". He complains of throat, abdomen and chest pain. He denies nausea, vomiting diarrhea. Transfer paperwork states he drank 32 oz of household bleach and vomited bright red blood at home. He denies drug or alcohol ingestion. He is very short with answers and refuses to answer most questions. No family at bedside, information obtained from transfer paperwork.

- Past History

Medical History:

Asperger's syndrome

Surgical History:

Hernia Repair, Inguinal

Family History:

No known family history

Social History:

Never Smoker

Denies alcohol

denies illicit drugs

- Review of Systems

except as per HPI

Constitutional: Denies: weight loss, fever, chills, night sweats, change in appetite, other

Ears/Nose/Throat: Denies: tinnitus, otalgia, epistaxis, post nasal drip, voice changes, other

Cardiovascular: Confirms: chest pain. Denies: heart palpitations, edema, orthopnea, other

Respiratory: Confirms: hemoptysis. Denies: SOB, wheezing, DOE, cough, sputum, other

Gastrointestinal: Confirms: vomiting. Denies: nausea, diarrhea, melena, hematochezia, change in stool, odynophagia, anorexia, dyspepsia, other

Genitourinary/Gynecologic: Denies: dysuria, hematuria, urgency, frequency, incontinence, pelvic

Hospitalist H&P

Continued

Hospitalist H&P

STEBBINS.DAVID

SV0131867699

pain, vaginal bleeding, discharge, last menses, other

Musculoskeletal: Denies: arthralgia, myalgia, weakness, trauma, frequent falls, other

Neurologic: Denies: dizziness, confusion, tremor, headache, focal weakness, paresthesia, ataxia, dysarthria, memory loss, other

Endocrine: Denies: heat/cold intolerance, polyuria, polyphagia, polydipsia, other

Psychologic: Confirms: suicidal ideation. Denies: fear, anxiety, tearful, worthlessness, other

Integumentary/Breast: Denies: rashes, masses, ulcerations, tattoos, tenderness, implants, discharge, other

Hematologic/Lymphatic: Denies: bleeding or bruising easily, swollen lymph nodes, history of blood transfusion, anemia, other

Allergic/Immunologic: Denies: asthma, hives, eczema, rhinitis, pruritus, other

Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox
98.6 F	100 H	21	128/92	98
04/24/15 04:37	04/24/15 04:37	04/24/15 04:37	04/24/15 04:37	04/24/15 05:12

- Physical Exam

Constitutional/Psychiatric: alert, oriented to time, oriented to place, oriented to person

Head: normocephalic, atraumatic, no sinus tenderness

Neck: supple, trachea midline, no thyromegaly

Eyes: PERRL, EMOI, no icterus

Ears: hears ordinary conversation, tympanic membranes intact bilateral

Nose: nares patent and functional, turbinates not inflamed, other

Mouth/Throat: uvula midline, pharynx not injected, tongue midline, moist mucous membranes, other

Cardiovascular: regular rate, regular rhythm, without murmur

Respiratory: clear to auscultation bilaterally, no wheeze, no rales, no rhonchi, chest wall moves symmetrically with inspiration, chest wall moves symmetrically with expiration

Gastrointestinal: soft, nontender, nondistended, positive bowel sounds, no organomegaly palpated

Musculoskeletal: no costovertebral angle tenderness, equal strength upper extremities, equal strength lower extremities

Peripheral Pulses: Dorsalis-Pedis (L): 2+, Dorsalis-Pedis (R): 2+, Radial (L): 2+, Radial (R): 2+

Lymphatic: no neck adenopathy, no supra/intraclavicular adenopathy, no axillary adenopathy, no inguinal adenopathy

WBC-14.9

Hgb-17.1

Hct-49.3

Plt-265

Na-139

K-3.3

Cl-106

CO2-20

BUN-20

Hospitalist H&P

Continued

Hospitalist H&P

STEBBINS.DAVID

SV0131867699

Cr 1.1

UDS-all negative

Pertinent labs reviewed, Pertinent vital signs reviewed

- VTE Prophylaxis

VTE Prophylaxis: TEDs & SCDs

<KAUFFMAN,ANDREW W RN - Last Filed: 04/24/15 05:52>

- Past History

Surgical History:

Hernia Repair, Inguinal

Social History:

Never Smoker Incapacitated

Physician Addendum:

Pt seen/examined. Agree with H&P, PE and summarized A/P. See orders.

<MERRYMAN,DARON E - Last Filed: 04/24/15 06:58>

- Allergies & Home Medications

Allergies

No Known Allergies Allergy (Verified 04/24/15 04:47)

Signature: ANDREW W KAUFFMAN RN

DARON E MERRYMAN MD

<Electronically signed by DARON E MERRYMAN MD> 04/24/15 0658

Hospitalist H&P

STEBBINS, DAVID
PT: SV0131867699
SEX: M DOB:
DT: 04/25/2015

88 AGE: 026
MR: SM07090944



SBHU3012

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR

ADULT ADMISSION
PSYCHIATRIC EVALUATION

Date of admission 4-25-15 Type of admission: ☒ Voluntary
Date of evaluation 4-26-15 ☐ Involuntary
Admitting physician SPMC NEVICU - Transfer from NAEHC.
Attending physician Weeks
Orienting statement: 26 y/o LF, single, unemployed. Lives
alone in Harrison, AR
Chief complaint: _____

"I tried to kill myself by drinking bleach."

26 y/o Call i pphx of Aspergers Syndrome per chart.

History of present illness: Transferred from NAEHC to SMC NEVICU after
intentionally swallowing 3 cups of bleach. Trigger: "There is no
justice, the government is corrupt." Reports he is suing his
father following altercation i father where father hit pt and
then cut himself and blamed on pt. He was arrested in 2011
and court did not rule in his favor. Therefore, pt. has been
focused on "how corrupt the government is." Voiced HT
toward corrupt government officials and expressed if suicide
was the way to be without pain, he would act on it. Onset SE age 15 y/o

Past Psychiatric treatment/history: Vista Health in Fort Smith: 2007 i recent
Outpt. - none

SA prior to admission

Family Psychiatric history: None reported

Grandfather, Alcoholic
Total Asperger

2 mo. ago. Began
depression. HLL, @
hopeless, despair.
A. is very short i answers
and refused to answer
majority of questions

STEBBINS, DAVID
PT: SV0131867690
SEX: M DOB: 1
G DT: 04/25/2015

38 AGE: 026
MR: SM07090944

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR



SBHU3012

9.5 ~~138~~ 152 135 106 12 81 137: 31
4.2 3.6 21 0.9 ALT: 38

ADULT ADMISSION
PSYCHIATRIC EVALUATION

Past Medical / Surgical History / Allergies: NKA

Surg. hx: hernia repair

PMH: intentional OD

HABITS:

Lifetime history of alcohol / drug abuse: Denies

Legal status: domestic battery 2011

Denies upcoming court dates

MENTAL STATUS EXAM: BP: 153/75 P: 99 R: 16 SaO₂: 98% RA T: 98

Appearance: stated age, minimally cooperative, Tall, Poor eye contact, staring at floor, head supported by hands

Mood / Affect: "Sleepy" irritable, agitated

Speech:

language intact

Intellectual function: SBI

1 semester Vol A → kicked out bc

"they misinterpreted something I said as a threat"

THOUGHTS:

Process: linear / perseverates on corruptness of government

Content: "If I could die without pain, I would take that." HT - toward corrupt government officials

Delusions: Denies hopelessness/nihilistic viewpoint

STEBBINS, DAVID
PT: SV0131867699
SEX: M DOB:
DT: 04/25/2015

'8 AGE: 026
MR: SM07090944

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR



SBI103012

ADULT ADMISSION
PSYCHIATRIC EVALUATION

Perceptual Disorders / Hallucination: Denies AHH
"How would I know if they are real or not?"

COGNITION:

Orientation: MOX-1

Judgment / Insight: poor 1/2

Memory / Retention / Recall:

3/3 at 5 minute recall

Remote: intact FOX: 3/3

Recent: intact conc. 5/5

Immediate: intact

Abstracting ability: good

SAFETY:

Violence to self or others in previous year: No

Homicidal: No

Suicide plan or attempt within 1 year: (-)

Markedly decreased daily function: _____

STRENGTHS: (Circle all that apply—minimum of two)

VERBAL FAMILY SUPPORTIVE GOOD PHYSICAL HEALTH MOTIVATED

INTELLIGENT / INSIGHTFUL EMPLOYED ATHLETIC minimally COOPERATIVE

OTHER: _____

WEAKNESSES: (Circle all that apply)

POOR PHYSICAL HEALTH CHAOTIC SOCIAL SITUATION NOT COOPERATIVE

LIMITED COGNITIVE ABILITIES IMPULSIVE DECREASED AUDIO/VISUAL ACUITY

LACK OF INSIGHT TREATMENT NON-COMPLIANCE CHRONIC MENTAL

ILLNESS

LEGAL PROBLEMS SCHOOL PROBLEMS

OTHER: _____

STEBBINS, DAVID
PT: SV0131867699
SEX: M DOB:
DT: 04/25/2015

38 AGE: 026
MR: SM07090944



SDIU3012

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR

ADULT ADMISSION
PSYCHIATRIC EVALUATION

DIAGNOSIS:

AXIS I: MDD-RS

Aspergers

no IED no Delusional

AXIS II: Curtis B. traits - narcissistic, antisocial

AXIS III: Recent OD i bleach

AXIS IV: primary / social / legal

AXIS V: Current Global Assessment of Function 28 Highest Past Year

EVALUATION:

LABS (CIRCLE): TSH

HEMOGRAM

LFTIS

CMP

BMP

URINE DRUG SCREEN

UA / PREG

UDS completed at presentation

Other Labs: B12 Drug Level (Name):

TREATMENT:

Medications: Zoloft 50mg Daily therapy

Collateral

Therapies: Group Family Individual

Activity Therapy

MILIEU: Therapeutic Level System Medication Teaching Nursing Education Group

Prognosis: Estimated Length of Stay: 4-6 days

Physician Signature [Signature] Date/Time 4/26/15 12:05

Mallory Broadway, DNP
426-151035

STATE OF ARKANSAS



Asa Hutchinson
Governor

Department of Career Education
Arkansas Rehabilitation Services
D. Alan McClain, Commissioner

Dr. Charisse Childers
Director

Arkansas Rehabilitation Services

Kevin Cook, MA, CRC
Vocational Rehabilitation Counselor

FAX
CONFIDENTIAL

TO: Robert Frenal/Vantage Point

Fax Number: 870-741-2722

From: Kevin Cook, MA, CRC

Fax Number: 870-741-7231

Date: 12/01/2015

Regarding: Medical Recorder for present or past 3 years -

Number of Pages: 1

Phone Number for follow-up: 870-741-7153

*No records on
this patient*

COMMENTS: Medical Recorder for eligibility for services. If you have any questions please call 870-741-7180 for Caterina Matheny, Administrative Specialist II or the Counselor Kevin Cook on Tuesday and Thursday at 870-741-7153 or on Monday, Wednesdays, and Friday at 479-583-1286. Thank you.

PROHIBITION OF REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS THAT ARE CONFIDENTIAL. YOU ARE PROHIBITED FROM USING THE INFORMATION FOR OTHER THAN THE STATED PURPOSE, FROM DISCLOSING IT TO ANY OTHER PARTY WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, AND ARE REQUIRED TO DESTROY THE INFORMATION AFTER THE STATED NEED HAS BEEN FULFILLED OR AS OTHERWISE PERMITTED BY LAW. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

Client Contact Note

Client Name: David Stebbins

Date: 12/03/2015

Description: Client Contact

Whose Note: KEVIN COOK

For Program: VR

Status: 02

Type of Contact: Correspondence

Flag this Contact Note?

Note:

Email from Mr. Stebbins:

-----Original Message-----

From: David Stebbins [<mailto:stebbinsd@yahoo.com>]

Sent: Thursday, December 3, 2015 10:50 AM

To: Kevin Cook

Subject: RE: Another extenuating circumstance

You said you would get back to me by Thursday. Well, what's the status?

David,

I must get your additional medical records first (which we sent for) and then I will have you come in regarding your case and potential services. Received reply requesting Dr. Robert Frerral's medical record's at Vantage Point and they say they have "no records on this patient." Was this the right place or is there another place for this Doctor?

Thank you

Client Contact Note

Client Name: David Stebbins

Date: 12/09/2015

Description: Contact

Whose Note: KEVIN COOK

For Program: VR

Status: 02

Type of Contact: Correspondence

Flag this Contact Note?

Note:

Hey, didn't you tell me, yesterday, that you were going to follow up and give me more details?
Where are the details?

On Mon, 12/7/15, Kevin Cook <Kevin.Cook@arkansas.gov> wrote:

Subject: RE: Another extenuating circumstance

To: "David Stebbins" <stebbinsd@yahoo.com>

Date: Monday, December 7, 2015, 10:04 AM

David,

As I told you we allow 60 days to get medical records.

Everything is going well and I am researching to see how we can assist you. More later very busy.

Thanks

-----Original Message-----

From: David Stebbins [<mailto:stebbinsd@yahoo.com>]

Sent: Friday, December 4, 2015 5:50 PM

To: Kevin Cook

ARS 22

Contact Note: 12/09/2015 09:53:17 AM - Contact (David Stebbins, XXX-XX-

'S... Page 2 of 2

Subject: RE: Another extenuating circumstance

So, you can't even file a petition in court to compel them to produce it?

Assign this as a task to:

Client Contact Note

Client Name: David Stebbins

Date: 12/04/2015

Description: Client Contact

Whose Note: LORRAINE MILLER CRC

For Program: VR

Status: 02

Type of Phone
Contact:

Flag this Contact Note?

Note:

I was asked to speak with David on this date. He was quite agitated, and (I assume) wanted to speak with a supervisor about his counselor. Our District Manager was not available and I was asked to talk to him. I was told by the person answering his call that he had been "yelling" at her. When I picked up the phone and asked him his name, and how to spell it, etc., he asked if he could give me his number so I could call him back, which I promptly did. He sounded very, very anxious, was breathing hard, talking very fast, etc. At one point, I counseled with him on trying to calm himself down. He was upset because he had requested an exception to the service provision policy so he could get his school expenses paid. He wants to go to Arkansas Tech in Russellville, and will need to live in the dorm, and go to summer school since he would have to give up his apartment in Harrison. I asked what he wants to study, and he said computers. I inquired about his taking some online classes, but he did not think there were many he could take. He asked if I thought his request for ARS spending more than the allowed amount would be approved, and I told him I had no idea about that. I told him I seldom ask for an exception, and the requests aren't always approved. He wanted a different counselor, and said he wanted one that would be in Harrison more. I told him there was only one other counselor and I was not certain how many days she was in the Harrison office, as a large territory was served out of that office. He was most upset because he said his counselor had told him he would let him know on Thursday about his request for services exceeding the

allowed amount. He said it was unprofessional that his counselor had not let him know since he had said he would tell him on Thursday. I explained that maybe his counselor had not been able to discuss the situation with his supervisor yet. At any rate, I did tell him I would talk to his counselor and ask him to call him today, and if he could not, I would try to call and update him on his request. He said he wanted a phone call, not an email. LM

Assign this as a task to:

Client Contact Note

Client Name: David Stebbins

Date: 12/08/2015

Description: Client Contact

Whose Note:

For Program: VR

Status: 02

Type of Contact: Phone

Flag this Contact Note?

Note:

aa McGehee Received call from client around 2:20 p.m. on 12/08/2015 and he was very rude and yelling. He was insisting to talk to Kevin Cook and I tried to explain Kevin was not in the office. He would get quite and start whispering like he had someone else to talk to but it sounded very strange as he was doing the whispering. I ask him to please calm down so I could explain and he would not stop so I told him to hold please so I could possibly get him help and he was still screaming as I put him on hold and I transferred the call to Caterina at this point because he did not want to listen to me at all.

Assign this as a task to: | |

Client Contact Note

Client Name: David Stebbins

Date: 12/08/2015

Description: Client Contact

Whose Note: CATERINA MATHENY

For Program: VR

Status: 02

Type of
Contact: Phone

Flag this Contact Note?

Note:

David call looking for his Counselor Kevin Cook, and ask regarding information did we receive the medical records. I told him we have not received records. He ask who didn't send the information and I told who didn't send yet and he would try to find out why at 2:20pm, then call back at 3:20pm in a high voice yelling and would not calm down, client state that he call Crossroads Medical Clinic and was hand up on him, tried again his call wouldn't go through, I had to forward the call to Alana Walls to help with the client. ccm

Assign this as a task to: | |

Client Contact Note

Client Name: David Stebbins

Date: 12/08/2015

Description: Case Note

Whose Note: ALANA WALLS

For Program: VR

Status: 02

Type of Contact: Phone

Flag this Contact Note?

Note:

CRC was transferred a phone call around 3:25 from Mr. Stebbins. Mr. Stebbins sounded short of breath and emotionally upset as was noticeable from his rapid speech and volume. Mr. Stebbins was questioning why Mr. Cook has not made any progress in his case and what else he needed to provide the agency to send him to a doctor for a diagnosis. CRC explained to him the need for a documented disability from a doctor in order to be determined eligible. Mr. Stebbins' verbal behavior and temper continued to escalate and CRC told him that she did not have to listen to his abusive language and that if he would calm down an attempt would be made to explain our eligibility policy. He continued to ask the same questions regarding why the information he had already supplied was not enough. He began to yell and CRC told him that she was not going to continue the conversation, wished him a good afternoon and hung up. A call was made to Amy Jones, District Manager, advising her of the telephone encounter.

Assign this as a task to: | |

Client Contact Note

Client Name: David Stebbins
Date: 12/08/2015
Description: case update- contact with client

Whose Note: AMY JONES CRC

For Program:

Status:

Type of
Contact:

Flag this Contact Note?

Note:

I received a message from Anita on 12/4 to contact David. Anita stated that David was screaming at her on the phone and very angry that he got my voicemail. Anita then asked Lorraine Miller to take David's call. Lorraine expressed her concern about David's conversation and she documented her conversation in the ECF. I tried to return David's call and there was no answer.

I received a call today from Alana Walls that David called the Harrison office and she was very concerned about the safety of the staff because of David's behavior on the phone and she wanted to call the police.

I called David and spoke to him today regarding his case and his behavior to the staff.

David was yelling, angry and breathing very heavy and rapid. I tried to calm him down and expressed my concern for his well being. David is angry because he had not received a call back from Kevin. I explained that I was unable to contact David, so it was possible that Kevin was also unable to. I also explained our services and the process for collecting medical records, 60 days to determine eligibility and assessments necessary to develop the IPE. David's application was 12/1 and ROI's have been sent. I asked David how he was referred to ARS and he stated that Disability Rights referred him to us because they could not help him sue the Government. David stated that the government is harassing him and that is partially why he is so angry with our agency- because we are a government agency.

David wants to go to college and is requesting that our agency pay to move him, pay for housing and pay full tuition and fees. I explained our process for eligibility and plan development again. I asked David about college experience. He stated to Kevin that he has \$40,000 in student loans but only a couple of credits. David stated that he was thrown out of the U of A in Fayetteville in the Fall of 20007 for making threats. I asked what threats he made and he stated he doesn't know it's a 20 page report. David stated he then went to NAC and teachers provided him accommodations by pulling him aside to explain his behavior was abusive rather than calling it out in class. However, David was unable to complete most of his semesters.

David stated that he was discharged from St. Bernard's last April and has not received any treatment or care since then. I asked about discharge report and recommendations and David said he was told to go somewhere and went one time but that was it.

I expressed my concern for David's well being and mental stability based on the conversation we were having, throughout the conversation David maintain his escalated voice and rapid breathing and extreme agitation. I asked about family and friends or any support system that I could contact regarding my concern and David stated he hated his f***ing family and that was a 2 hour story. I stated that I didn't want the 2 hour story, I just wanted to see if anyone was available to help him. David stated that if he called me a fucking bitch fagot he would understand why I would be offended or feel threatened. But if he is just expressing his anger that I should understand. He can't control his anger especially when he cant get any answers. I explained our system and answered all his questions. I stated that I would speak to Kevin and to our psych examiner and would try to call him back tomorrow.

I spoke to Leslie about the case and she did not think he needed to be scheduled in any office at this time due to his instability.

I called Carl to explain the situation and he stated that we needed to contact the police to let them know of the harassing calls and threatening behavior. He stated that we needed to call a psychiatric facility for mandated reporting regarding our concern for his well being. I also informed the Harrison Office staff to keep doors from lobby to office area locked at all times. If David comes to the office they need to notify the police immediately. If David calls the office he is to be directed only to me from now on. I will follow-up tomorrow with this situation. I will inform the Fayetteville Office first thing in the morning as the office is currently closed. AJ

Assign this as a task to: | |

DisabilityRights

ARKANSAS

DRA Staff Initials: MLH

DRA AUTHORIZATION FOR RELEASE OF INFORMATION

I, David A. Stebbins, hereby authorize the release of the following: any educational, personnel, employment, housing, case file, habilitation/training reports, and the results of any evaluations or administrative and judicial records and findings or documents of any investigations and any other pertinent information, written or oral to any staff of the Disability Rights Arkansas, Inc. (DRA), or Consultants.

Regarding: ARS case

I have been advised that the purpose of this release is to obtain any and all information that may help to address my issues currently being pursued by DRA.

I understand that I may revoke this authorization at any time by a request in writing and that it will expire one year from the date of signature.

A photocopy of this authorization shall serve the same purpose as the original.

David A. Stebbins 12-8-15
Signature Date

☐ Guardian

If you have concerns about DRA services, you are welcome to use our grievance procedure by calling us or visiting our website.

1100 N. University, Suite 201, Little Rock AR 72207
501.296.1775 V/TTY ■ 800.482.1174 ■ Fax 501.296.1779

www.DisabilityRightsAR.org

Harrison Police Department**Dispatch Call Detail****Call #: C230993 - REQUEST TO SPEAK WITH AN OFFICER**

Received Date/Time: 12/08/2015 18:57:55
Cleared Date/Time: 12/08/2015 17:06:46
Cleared By: Lane, Melissa

Taken By: Lane, Melissa
Caller Name: WALLS, ALANA
Phone: (870) 204 - 0778
Caller Loc.:

Location: 116 S Spring

Units Dispatched		Dispatched	Enroute	Arrived	Transport	Trans Dest	Cleared	Mileage
117 - Babb, Jonathan (HPD)		12/08/2015 18:59:59	12/08/2015 17:00:01	12/08/2015 17:00:01			12/08/2015 17:06:42	

Narrative

Date/Time	Dispatcher	Narrative
12/08/2015 18:58	Lane, Melissa	ALANA WALLS WITH THE DEPARTMENT OF CAREER EDUCATION ARKANSAS REHAB CONTACTED THE HPD TO MAKE A REPORT. // PTL BABB ADVISED WALLS OF HER OPTIONS. OFFICER ADVISED WALLS STATED A DAVID STEBBINS HAD CALLED AND WAS RUDE OVER THE PHONE. NO REPORT

Dispositions

No Report Required, Advised of rights.

Incidents**Association**

Client Contact Note

Client Name: David Stebbins
Date: 12/09/2015
Description: review of client history

Whose Note: AMY JONES CRC

For Program:
Status:

Type of
Contact:

Flag this Contact Note?

Note:

I reviewed the partial hospital records that David provided to Kevin and the Dr. stated that David did not and would not provide them with a medical history.. It stated that David was arrested for domestic battery against his father. David stated to DM that he was thrown out of U of A for making threats. DM read court documents and found very disturbing facts about the case. David made threats to numerous employees at the U of A to the point of terroristic threatening. Based on David's actions / inappropriate communication with ARS staff I do not believe that David is mentally stable enough at this time for a VR program. I also feel that he is a threat to my staff and do not feel comfortable setting him up for RIDAC or sending him to anyone's office. After Alana's interaction with David yesterday she called the police to notify them of the incident. I will communicate to David that his case is being closed.

<http://www.leagle.com/decision/In%20FDCO%2020121228D71/STEBBINS%20v.%20UNIVERSITY%20OF%20ARKANSAS>

Assign this as a task to:

Client Contact Note

Client Name: David Stebbins

Date: 12/09/2015

Description: update on medical hx- client case file

Whose Note: AMY JONES CRC

For Program:

Status:

Type of
Contact:

Flag this Contact Note?

Note:

I spoke to David on this date regarding his case. I explained that I had reviewed his medical documentation again and I wanted to clarify where the remained of his most recent records were. He was in Jonesboro in April 2015 for medical treatment. He was transported to the ER because of an attempted suicide. I asked David where he was treated / transferred to from the ER. David stated that he was treated for 1-2 weeks at St. Bernard's Behavior Clinic. David stated he was released from the clinic on April 30th. I explained that I would like to review those records because I believe they will have the latest psych eval on file. I also wanted to see what his discharge papers recommend for further or ongoing treatment. David stated that he could not remember the name of the therapist he saw after treatment. I explained that it was possibly on the report that David lost when his computer crashed. David told me to send a ROI to St. Bernard's for his records. I stated that I would do just that and once I had the records I would notify David. AJ

Assign this as a task to: | |

[illegible][illegible]

ARS 73

[illegible][illegible]

Harrison Police Department**Dispatch Call Detail****Call #: C231014 - REQUEST TO SPEAK WITH AN OFFICER****Received Date/Time:** 12/09/2015 09:33:30**Cleared Date/Time:** 12/09/2015 09:58:28**Cleared By:** Hanlin, Katherine**Location:** 715 W Sherman E**Taken By:** Hanlin, Katherine**Caller Name:** DAUGHTERY, CARL**Phone:** (501) 944 - 5782**Caller Loc.:**

Units Dispatched							
	Dispatched	Enroute	Arrived	Transport	Trans Dest	Cleared	Mileage
103 - Waldon, Justin (HPD)	12/09/2015 09:58:20					12/09/2015 09:58:22	

Narrative

Date/Time	Dispatcher	Narrative
12/09/2015 09:33	Hanlin, Katherine	CARL DAUGHTERY WITH ARKANSAS REHABILITATION SERVICES CONTACTED THE HPD REQUESTING TO SPEAK WITH AN OFFICER IN REFERENCE TO DAVID STEBBINS WHO HAS MADE PREVIOUS THREATS TO SEVERAL LOCATIONS, INCLUDING THE UNIVERSITY OF ARKANSAS. DAUGHTERY STATED WHEN THEY SPEAK WITH STEBBINS, HE BECOMES EXTREMELY HOSTILE AND REFUSES TO CALM DOWN. // SGT WALDON SPOKE WITH DAUGHTERY WHO ONLY REQUESTED THE INFORMATION BE NOTED. NO REPORT.

Dispositions

No Report Required.

Incidents**Association**

Amy Jones

From: David Stebbins <stebbinsd@yahoo.com>
Sent: Wednesday, December 9, 2015 1:32 PM
To: Amy Jones; MHarper@disabilityrightsar.org
Subject: Phychiatric evaluation

Dear Ms. Jones,

I'm sorry, but I couldn't find the single page of my discharge papers from St. Bernard's. Fortunately, I told you that you'll have to contact them anyway, just to get the full discharge papers.

Anyway, I spoke with Mandee Harper from DSA just a moment ago. I'm CCing her this message. She said that she would assist me in opening up communication (since we seem to be at an impass when it comes to communicating with each other). Hopefully, she can work with you and figure out what you need from me, so I can get that stuff for you.

Thank you.
David Stebbins

Amy Jones

From: Emma McGehee
Sent: Wednesday, December 9, 2015 11:54 AM
To: Amy Jones
Subject: Vantage Point

Vantage point called at 11:45 informing us that David Stebbins had called their office and was very rude and hateful demanding they send his records to us. I explained to her if the records were not current or with in the last three years they were not any good to us. She was going to call David Stebbins back and inform him their records are no good to us because they are records from 2006. She kept pointing out had frustrated, hateful and rude he was. I told her thank you and have a great day.

Emma McGehee

Administrative Assitant
Arkansas Rehabilitation Services
715 W. Sherman Ave. Suite E
Harrison Ar. 72601
(870) 741-7153

Carl Daughtery:

Amy Jones:

On 12-8-15 our office received a call from David Stebbins regarding his concern about the lack of progress in his case moving forward. I heard our AA, Caterina Methany, getting frustrated and I stepped out and told her to transfer the call to me.

I attempted to talk with Mr. Stebbins but the volume of his voice continued to escalate. Mr. Stebbins wanted to know why his case had not progressed and what other information he needed to supply. I explained to Mr. Stebbins that we needed a letter from a doctor with a documented disability so that we could determine eligibility for services. He began yelling and sounding short of breath. He said that he had already turned in the information to our agency. I told him that I did not have that information with me at the time but if he would call me a little after 4:00 that I would have time to review his paperwork and tell him what else was needed.

Mr. Stebbins would not listen to what I was explaining to him and his verbal outrage continued. I told Mr. Stebbins that I did not have to listen to his abusive language and that I was going to hang up the phone. He did not stop. I told him I wished him a good day, good bye and hung up.

I called Amy Jones, Area 1 District Manager, and advised her of the above conversation. She stated that she would talk with our Field Services Director, Carl Daughtery and would get back with me. At some point either Amy or I discussed locking the doors at the office, which we did.

I received a call from Amy after she had spoken with Carl Daughtery regarding her concerns. She stated that I should call the police and make them aware of the situation and contact a psychiatric facility in our area and alert them as well. This was done in an attempt to make the agencies aware of a concern for Mr. Stebbins safety as well as agency personnel.

I called Harrison PD, spoke with dispatch personnel who then transferred me to Officer Babb. I told him of the situation and he said because there was not a specific threat of harm to agency personnel that a report could not be taken but they would make note of the incident.

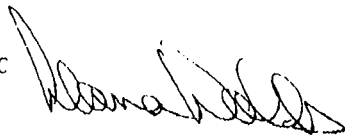
12-9-2015

I called Northwest Arkansas Regional Hospital and asked to speak with someone in the Psych unit. I asked to relay the information and was told that their adult Psych unit was not open and operational at the time. I was referred to Health Resources of Arkansas in Harrison. I called the facility and relayed the information to Renee. I then faxed the information we had received from Mr. Stebbins.

Information relayed to these agencies was done so in an effort to protect Mr. Stebbins from self-harm or in the event there may have been a threat of harm to office personnel.

Alana Walls, CRC, LAC

12-9-2015

A handwritten signature in black ink, appearing to read 'Alana Walls', written over the printed name.

Client Contact Note

Client Name: David Stebbins

Date: 12/09/2015

Description: Contact

Whose Note: KEVIN COOK

For Program: VR

Status: 02

Type of Contact: Correspondence

Flag this Contact Note?

Note:

Hey, didn't you tell me, yesterday, that you were going to follow up and give me more details?
Where are the details?

On Mon, 12/7/15, Kevin Cook <Kevin.Cook@arkansas.gov> wrote:

Subject: RE: Another extenuating circumstance

To: "David Stebbins" <stebbinsd@yahoo.com>

Date: Monday, December 7, 2015, 10:04 AM

David,

As I told you we allow 60 days to get medical records.

Everything is going well and I am researching to see how we can assist you. More later very busy.

Thanks

-----Original Message-----

From: David Stebbins [<mailto:stebbinsd@yahoo.com>]

Sent: Friday, December 4, 2015 5:50 PM

To: Kevin Cook

Contact Note: 12/09/2015 09:53:17 AM - Contact (David Stebbins, XXX-XX-

S... Page 2 of 2

Subject: RE: Another extenuating circumstance

So, you can't even file a petition in court to compel them to produce it?

Assign this as a task to: . . .

Client Contact Note

Client Name: David Stebbins

Date: 12/14/2015

Description: Contact email on 12/11 from client

Whose Note: KEVIN COOK

For Program: VR

Status: 02

Type of Contact: Correspondence

Flag this Contact Note?

Note:

Mr. Stebbins sent another email to this counselor and the district manager:

Dear Mr. Cook and Ms. Jones,

I am David Stebbins. I have told Mr. Cook (who, in turn, has told Ms. Jones) about several extenuating circumstances (or EU for short) that I believe require an increase in the amount of funds you provide me for my education. I have recently learned of a new EU; fortunately, I do not think it will come into play until the final semester, and with some careful planning, it may not come into play at all.

Before we continue, I want to point out: Yes, I'm fully aware that I haven't even yet been OFFICIALLY declared eligible for your assistance. However, that is a mere formality. I know I will pass the evaluation, so I'm going to go ahead and explain my new EU:

I have already gotten five (5) semesters of pell grants from the University of Arkansas and North Arkansas College. I have recently learned that Congress, since I left college, has put a cap of 12 semesters per lifetime ... and the limit applies retroactively.

This leaves me with only 7 semesters of pell grants. I'm one semester short needed to complete my degree, unless you help me out.

However, I wonder if it may even come to that. Remember that I've also listed, as an extenuating circumstance, that I need to take summer semesters because I won't have a home once I relocate

ARS 81

to Russellville.

If I could start in the summer of 2016 and get some core classes out of the way, I think I might be able to skip a semester! I know for a fact that I can transfer my "English Composition I" and "U.S. History 1877 to Present" classes; combine that with just 9 credit hours in Summer 2016, and I should be all caught up!

So, I hope that you can provide me with extra funding in light of this EU.

Sincerely,
David Stebbins

P.S. I hope to have my college transcript available for you shortly.

Assign this as a task to: : :

Stebbins David A
1407 N Spring Road Apt 5
Harrison, AR 72601
Major: AAS, Business Admin Management
Report date: 09 Dec 15

NORTH ARKANSAS COLLEGE
1515 PIONEER DRIVE
HARRISON, ARKANSAS 72601

Soc Sec Num:
High School Grad. Year: 2007
Sex: Male
Birth date:

Page 1 of 1

Course	Description	Grade	Hours	Points	
TRANSFER CREDIT UNIVERSITY OF ARKANSAS					
HIST2013	HIST AMER 1877 PRE	CR	3.00		
WCH0113	FRESH BUS CONNECT	CR	1.00		
Undergrad Attempt Earned Points Divisor GPA					
Current Term	0.00	4.00	0.00	0.00	0.00
Cum Undergrad	0.00	4.00	0.00	0.00	0.00
TRANSFER CREDIT UNIVERSITY OF PHOENIX					
GEN 105	SKLS FOR LRN INFO	CR	3.00		
Undergrad Attempt Earned Points Divisor GPA					
Current Term	0.00	4.00	0.00	0.00	0.00
Cum Undergrad	0.00	7.00	0.00	0.00	0.00

Fall Semester 2008					
BA 1041	PROF IMAGE BUILDING	C	1.00	2.00	
CIS 1103	INTRO TO INFO TECH	B	3.00	9.00	
ENGL1013	ENGLISH COMP 1 HNRS	W	0.00		
MAT 1223	COLLEGE ALGEBRA	B	3.00	9.00	
PHSC1044	INTRO TO ASTRONOMY	W	0.00		
Undergrad Attempt Earned Points Divisor GPA					
Current Term	7.00	7.00	20.00	7.00	2.86
Cum Undergrad	7.00	14.00	20.00	7.00	2.86

Spring Semester 2009					
BA 1003	INTRO TO BUSINESS	A	3.00	12.00	
BA 1103	BUSINESS MATH	A	3.00	12.00	
BA 2713	LEGAL ENVIRON BUSINS	C	3.00	6.00	
ENGL1013	ENGLISH COMP 1	C	3.00	6.00	
MM 1303	HUMAN RELATIONS	W	0.00		
SPCH1313	FUND OF ORAL COMM	B	3.00	9.00	
Undergrad Attempt Earned Points Divisor GPA					
Current Term	15.00	15.00	45.00	15.00	3.00
Cum Undergrad	22.00	29.00	65.00	22.00	2.95

Fall Semester 2009					
BA 2003	ACCOUNTING PRIN 1	W	0.00		
ECON2113	PRIN OF MACROECON	W	0.00		
ECON2323	PRIN MICROECONOMICS	W	0.00		
MM 1203	PRIN OF MANAGEMENT	W	0.00		
MM 1303	HUMAN RELATIONS	A	3.00	12.00	
Undergrad Attempt Earned Points Divisor GPA					
Current Term	3.00	3.00	12.00	3.00	4.00
Cum Undergrad	25.00	32.00	77.00	25.00	3.08

Spring Semester 2010					
BIO11304	GENERAL BOTANY	W	0.00		
SOC 2013	INTRO TO SOCIOLOGY	W	0.00		
Undergrad Attempt Earned Points Divisor GPA					
Current Term	0.00	0.00	0.00	0.00	0.00
Cum Undergrad	25.00	32.00	77.00	25.00	3.08

Summer 1 Semester 2010					
PE 2051	AEROBICS	A	1.00	4.00	
Undergrad Attempt Earned Points Divisor GPA					
Current Term	1.00	1.00	4.00	1.00	4.00
Cum Undergrad	26.00	33.00	81.00	26.00	3.12

** END OF TRANSCRIPT **

* means repeat of another course
() means course credit not counted

% means Academic Clemency granted
[] means remedial credit; counted in TERM totals only

Charles Jennings

REGISTER

RIDAC SERVICE AUTHORIZATION

NAME Stebbins David COUNSELOR Amy Jones for Kevin
 SSN (Last) (First) (Name) No. CODE
 D.O.B. DATE OF RIDAC APPE.

DISABILITY DISABILITY CODE

EDUCATIONAL LEVEL Some college VOC. INTEREST college training

SERVICE REQUESTED ASSESSMENT PROBLEMS OR QUESTIONS TO BE ADDRESSED

☐ GENERAL MEDICAL
CONSULTATION/GM

Review of records &

☒ MENTAL HEALTH
CONSULTATION/MH

Recommendation regarding feasibility

☐ PSYCHOLOGICAL
CONSULTATION/PSY

of training/VR services

☐ IND. VOC. EVAL.

COUNSELOR PLEASE CHECK ALL THAT APPLY

- ☒ Client reported a history of taking medication for significant health or mental health problems.
 Client reported a history of Drug _____ and Alcohol Abuse _____
☒ Client reported a history of Mental Health Problems (with _____ without ☒ assessment/treatment)
 (records available ☒ unavailable _____)
 Client reported a history of Special Ed. (LD ☐ or MR ☐) (with _____ without _____ assessment)
 (records available _____ unavailable _____)
 Client reported a history of sheltered workshop or supported employment placement _____
 Client unable to Read/Write _____
 Client reported a history of Head Injury _____
☒ Client reported a history of Legal Problems/Convictions _____
 Client reported a history of Vision _____ Hearing _____ Problems _____
 Accommodations required _____

[Please request clients bring a list of medications currently being (or to be) taken to the RIDAC Evaluation.
 Also, request clients bring prescription eye wear if required for reading or hearing aids to the evaluation.]

COUNSELOR SIGNATURE

COUNSELOR NO.

DATE

**REHABILITATION INITIAL DIAGNOSIS AND ASSESSMENT FOR CLIENTS
ARKANSAS REHABILITATION SERVICES
4058 NORTH COLLEGE AVENUE, SUITE 150, FAYETTEVILLE, AR 72703**

****This confidential report is generated for Arkansas Rehabilitation Services use only for the purposes of determining eligibility and program planning. It is not to be utilized as a stand-alone document for treatment purposes, and is the property of Arkansas Rehabilitation Services. It is not to be released to any third party. ****

RECORDS REVIEW

NAME: David Stebbins

SEX: Male

COUNSELOR: Amy Jones

DATE OF BIRTH:

DATE OF REVIEW: 12-15-15

REASON FOR REVIEW: to assist in determining feasibility of VR services/training

EVALUATION PROCEDURES

Review of mental health treatment records from St. Bernard's Healthcare dated April 24-30, 2-15

RECORDS REVIEW

Records from St. Bernard's indicated Mr. Stebbins had been transferred to their facility from Northwest Arkansas Regional Medical Center after a suicide attempt. The client received inpatient treatment at St. Bernards from April 24 through April 30. Discharge diagnoses were reported as follows:

Major Depressive Disorder, recurrent, severe
Asperger's' Disorder
Delusional Disorder NOS
Cluster B personality disorder traits (narcissistic and antisocial)

Mr. Stebbins indicated he attempted suicide by drinking bleach after he sued his father and lost. Records indicated he was arrested in 2011 for assaulting his father. Records also indicated he was kicked out of the U of A for making threatening statements. The client reported frustration, anger and depression over his situation. He denied homicidal ideation, but continued to report death wishes if he could 'die without pain'. Treatment records indicated Mr. Stebbins was impulsive, lacked insight, paranoid, irritable and agitated.

Treatment records indicated Mr. Stebbins feels he is chronically targeted by the government and law enforcement because he 'has the brains to be a leader and change things'. He acknowledged perseverative thoughts regarding this issue. A search of public records revealed multiple lawsuits filed by Mr. Stebbins against his parents, Wal-Mart, the U of A, and federal judges. Causes of action were mainly civil rights and discrimination.

At discharge, Mr. Stebbins denied suicidal or homicidal ideation. Safety planning was done and he was discharged home. He has indicated to Amy Jones that he is not currently in treatment for his mental health issues.

DSM-5 DIAGNOSTIC IMPRESSIONS

See client records

VOCATIONAL IMPLICATIONS

Following is a list of ways in which the individual's observed or reported problem areas are likely to be manifested in a vocational setting.

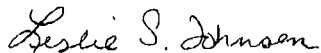
IMPULSIVITY MAY RESULT IN POOR CHOICES IN JOB ENVIRONMENT
DEPRESSION MAY INTERFERE WITH COUNSELING/JOB INTERVIEWS
MAY BE SOURCE OF DISTRACTION TO CO-WORKERS
DIFFICULTY ASSESSING CONSEQUENCES OF DECISION ALTERNATIVES
DIFFICULTY RELATING WITH INSTRUCTORS/STUDENTS/CO-WORKERS
DIFFICULTY PERFORMING WORK TASKS WHICH INVOLVE PEOPLE
DIFFICULTY CHANGING BEHAVIOR TO MEET REQUIREMENTS
EMOTIONAL INTENSITY MAY INTERFERE WITH TASK PERFORMANCE
CONFLICTS MAY PRECLUDE ADEQUATE TASK PERFORMANCE

CONCLUSIONS AND RECOMMENDATIONS

Documentation available, which indicated a history of physical aggression and threatening statements, suggests that Mr. Stebbins is not currently appropriate for vocational rehabilitation services.

A referral to a local mental healthcare provider is strongly recommended. Mr. Stebbins would likely benefit from treatment and the support of a therapeutic relationship. Efforts to work with Mr. Stebbins should be coordinated with his treatment providers. His vocational success will depend on him stabilizing and effectively managing his psychiatric issues.

In order for Mr. Stebbins to be appropriate for ARS services he should be able to demonstrate a period of stable functioning. He will also need to provide documentation from his mental healthcare providers that his symptoms are well-managed and they agree he is ready for training, school or work.



Leslie S. Johnson, MS
Licensed Psychological Examiner – Independent Practice

St. Bernards Medical Center
225 East Jackson
Jonesboro, AR 72401

Patient Name: STEBBINS, DAVID
Account # SV0131867699
Med Rec # SM07090944
Age: 26
DOB:
Hospital Service: INO1M
Room # 305 0B
Admit Date: 04/25/15
Admitting Doctor: WEEKS, ELOISE E MD
Attending Doctor: WEEKS, ELOISE E MD
Documented By: SMITH, MARK M MD
Date and Time: 04/24/15 0501
Primary Care Provider:

ER Physician Documentation

STATUS: Signed

General History Present Illness

- General

****Description/Onset of Symptoms:** ems states transported here for further eval of possible overdose on bleach, drank approx 3 cups of bleach, patient states pain to stomach and throat, no burning to lips or mouth noted in er.

****Information Source:** ems/self

Exam Limitations: Clinical Condition, Physical Impairment

- History of Present Illness

Initial Comments:

26-year-old male transferred to this facility from an emergency room in Harrison Arkansas the history that he ingested some liquid bleach earlier yesterday and an apparent suicidal attempt. The patient is here alone he has Asperger's syndrome and is not particularly cooperative and obtaining his history. Patient states he drank about 3 cups of an unknown brand-name bleach which he bought at a Dollar store. The color of the bottle was clear. This is the extent of the information he is willing or able to give me as far as the nature of his ingestion. Patient states he has vomited 3 times since his ingestion vomited what he describes as "bleach", and blood. He denies any respiratory symptoms. Patient complains of pain in his epigastric area through the middle of his chest and up into his mouth and oral cavity which he complains is also painful. The patient is a sleepy arouses easily as noted above is not very cooperative with obtaining history he does respond coherently and answers most questions with one or 2 word responses.

Symptom Location: Neck, Chest, Abdomen, Generalized

Timing/Duration: yesterday

Quality/Severity: Moderate

Allergies/Adverse Reactions:

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
-----------------	------	----------	----------	--------	-------------

ER Physician Documentation

Continued
2

ER Physician Documentation

STEBBINS, DAVID

Account #: SV0131867699

(No Known Allergies | Allergy | | | Verified | 04/24/15 04:47 |)

Home Medications:**Ambulatory Orders**

Medication	Instructions	Recorded
NK [No Known Home Meds]		04/24/15

Past Medical History**- Past Medical History****Past Medical History:** Yes**- Cardiovascular****History of Cardiovascular Disease:** No**- HEENT****History of HEENT Problems:** No**- Respiratory****History of Respiratory Problems:** No**- Gastrointestinal****History of GI Problems:** No**- Genitourinary****History of GenitoUrinary Problems:** No**- Endocrine****History of Endocrine Problems:** No**- Musculoskeletal****History of Musculoskeletal Problems:** No**- Reproductive****History of Male Problems:** No**- Integumentary****History of Skin Problems:** No**- Neurological****History of Neurological Problems:** No**- Cancer****History of Cancer:** No**- Hematologic****History of Hematologic Problems:** No**- Autoimmune**

ER Physician Documentation

Continued
3

ER Physician Documentation

STEBBINS, DAVID

Account #: SV0131867699

History of Autoimmune Problems: No**- Psychosocial****Hx Psychosocial Problems:** Yes**Psychosocial History:** Aspergers Disease, Depression**Psychosocial History Comment:** IED**Past Surgical History****- Surgical History****Surgical History:** Yes**Surgical History:** Hernia Repair, Inguinal**Social History****- History of Tobacco Use****Smoking Cessation:** Never Smoker**- History of Alcohol Use****Alcohol Use:** No**- History of Drug Use****History of Drug Use:** No**- Living Arrangement****Lives with:** Family**Review of Systems****- Review of Systems****Review of Systems:** All other systems reviewed and negative - pt is not overly cooperative, thus accuracy of history is in question**EENTM:** Mouth Pain, Throat Pain**Respiratory:** denies: Short Of Breath**Cardiology:** Chest Pain**Gastrointestinal/Abdominal:** Abdominal Pain**Musculoskeletal:** No Symptoms Reported**Skin:** No Symptoms Reported**All Other Systems:** Reviewed and Negative**- Review****I have documented the ROS for this visit:** Yes**EQ MD Exam****- General****Pulse Oximetry Interpretation as** ___ %: 98**Type:** Room Air**Pulse Oximetry Adequacy:** Normal**- Physical Exam****General Appearance:** WD/WN, No Apparent Distress**Eyes, Ears, Nose, Throat Exam:** Normal ENT Inspection - no visible burns/lesions/irritation of lips

ER Physician Documentation

Continued
4

ER Physician Documentation

STEBBINS, DAVID

Account #: SV011867699

tongue or oral cavity.

Neck: Non-Tender, Normal Inspection**Respiratory:** Chest Non-tender, No Respiratory Distress**Cardiovascular/Chest:** Regular Rate, Rhythm**Abdominal Exam:** Normal Bowel Sounds, Soft, Tenderness. negative: Distended, Guarding, Rebound**Extremities Exam:** non-tender, no edema**Neurological:** No focal neuro/motor deficit. negative: alert**Eye contact:** Uncooperative**Skin Exam:** Normal Color

- Reviewed

I have documented the PE for this visit: Yes

Course

- Course

Orders, Labs, Meds:

Vital Signs - 24 hr

	04/24/15
	04:37
Temperature	98.6 F
Pulse Rate [100 H
Left Pulse Ox]	
Respiratory	21
Rate	
Blood Pressure	128/92
[Left Arm	
Sitting]	
O2 Sat by Pulse	98
Oximetry	

Result Diagrams:

04/25/15 03:30

9.5 \swarrow 13.8L \searrow 152
 \nwarrow 41.2L \nearrow

04/25/15 03:30

135L | 106 | 12 \searrow 81
 3.6 | 21L | 0.9 \swarrow

ED MD Note

- Physician Note

ED MD Note:

04/24/15 05:11

SBBH evaluated/agrees to accept pt when medically cleared.

D/W Dr Merryman UNA, admit obs for Dr Holder.

ER Physician Documentation

Continued
5

ER Physician Documentation

STEBBINS,DAVID

Account #: SV0131867699

ED MD Medicaid Statement

- Medicaid Statement

Patient Status by Prudent Layperson's Definition:: Emergent

Patient:: Treated in ED

Departure

- Departure

Disposition: Admit as Observation

Discharge Problem/Impression:

Ingestion of bleach, Suicidal Ideation, Asperger's syndrome, History of hematemesis, Esophagitis, acute

Condition: Fair

Home Medications:

Ambulatory Orders

NK [No Known Home Meds]

Signature: MARK M SMITH MD

<Electronically signed by MARK M SMITH MD> 04/26/15 0503

MSMITH1/MMS

DD/DT: 04/24/15 0501

TD/TT: 04/24/15 0501

cc:

ER Physician Documentation

STEBBINS, DAVID

SV0131867889

SEX: M DOB:

AGE: 26

REG DT:

ARM/090944

SNUR1787



St. Bernard's
MEDICAL CENTER
The Heart of Great Medicine
Jonesboro, AR

SHORT STAY (LESS THAN 48 HOURS) DISCHARGE SUMMARY

All BOLDED AREAS MUST BE ADDRESSED**Admitting Diagnosis:**

- ☐ Fever of unknown origin ☐ Asthma ☐ Back Pain ☐ Anemia
☐ Gastroenteritis ☐ Shortness of Breath ☐ Abdominal Pain
☐ Dehydration ☐ Congestive Heart Failure ☐ Chest Pain
☐ Syncope ☐ Other (List): _____

Primary Diagnosis: Suicide attempt by bleach ingestion**Additional Diagnosis:** ☐ None Acute esophagitis

- ☐ Diabetes Mellitus ☐ Peripheral Vascular Disease ☐ Dehydration - suicide attempt
☐ Congestive Heart Failure ☐ Coronary Artery Disease ☐ Anemia - Aspergers
☐ Cerebrovascular Accident ☐ Hypertension ☐ Asthma
☐ Depression ☐ Chronic Obstructive Pulmonary Disease
☐ Urinary Tract Infection ☐ Other: _____

Procedures:

- ☐ Cardiac Cath ☐ Non-Stress Test ☐ Electrocardiogram
☐ Colonoscopy ☒ Esophagogastroduodenoscopy ☐ Mastectomy
☐ Electroencephalogram ☐ Endoscopy ☐ Lap Cholecystectomy
☐ Percutaneous Transluminal Coronary Angioplasty
☐ Percutaneous Transluminal Coronary Angioplasty with Stent
☐ Drug Eluting Stent ☐ X-Ray _____
☐ Computerized Tomography ☐ Transfuse _____
☐ Magnetic Resonance Imaging _____
☐ Other: _____

Complications:

- ☐ None
☐ Gastrointestinal Bleed ☐ Infection ☐ Retroperitoneal Bleed ☐ Fever
☐ Nausea/Vomiting ☐ Cardiac Arrest ☐ Respiratory Arrest ☐ Pain
☐ Other: gastritis

Consultations:

- ☐ None
☐ Pulmonary ☐ Cardiology _____
☐ Cardiovascular Surgery ☐ General Surgery _____
☐ Neurology ☐ Urology _____
☐ Gastroenterology ☒ Other: GI, SBOH

Condition on Discharge:

- ☐ Unchanged ☒ Improved ☐ Other: _____

☐ Expired: Date _____ Time of Death: _____ am / pm

Abnormal Tests at Discharge: ☐ Yes ☐ No If yes, follow-up: Needs daily PPI

All Discharge Instructions Met: ☐ Yes ☐ No If no, explain: _____

M. H. Anderson Read 4/25/15 1341
Physician Signature Date

Electronically Signed by

READ, ANDREA L. DO on

05/28/15 at 2207

Discharge Date: 4/25/15

(Comments):

Discharge Medications:per med rec**Follow-Up Appointment:**Dr. pcp upon dc from SBOH

In _____ weeks at _____

Discharge Date: _____ Time: _____

Discharge Disposition:

- ☐ Home ☐ Rehab Inpatient Facility
☐ Nursing Home ☐ Skilled Nursing Facility
☐ Home Health ☐ Hospice
☐ Expired SBOH

Diet:

- ☒ Regular
☐ Diet as tolerated
☐ Other: _____

Activity:

- ☐ Unrestricted
☐ No heavy lifting
☒ Other: as to 1

Instructions:

- ☐ Routine
☐ Other: _____



The Heart of Great Medicine

225 E Jackson Jonesboro, AR 72401

Patient Name: STEBBINS, DAVID

Age/Sex: 26 M

DOB:

Admitting Doctor: ELOISE E WEEKS, MD

Attending Doctor: ELOISE E WEEKS, MD

Primary Care Provider:

Room #: 305-0B

Med Rec #: SM07090944

Account #: SV0131867699

Hospital Service: INO1M

Admit Date: 04/24/15

Discharge Date: 04/30/15

BH Discharge Summary

STATUS: Signed

Report #: 0605-0338

Job #: 209204/146136

DISCHARGE DIAGNOSES:

AXIS I:

1. Major depressive disorder, recurrent, severe.
2. Asperger's disorder.
3. Delusional disorder, not otherwise specified.

AXIS II: Cluster B personality disorder traits.

AXIS III: Recent overdose with bleach.

AXIS IV:

1. Primary.
2. Social.
3. Legal.

AXIS V: 28 on admission.

HISTORY OF PRESENT ILLNESS:

The patient is a 26-year-old male who is single, unemployed, living alone in Harrison, Arkansas who was transferred from North Arkansas Regional Medical Center to St. Bernard's Medical Center Neuro intensive care unit after intentionally swallowing three cups of bleach. The patient reported that the trigger was "There is no justice. The government is corrupt." He reports he is suing his father following an altercation with his father where he reports his father hit him and then cut himself blaming it on the patient. The patient's reports that he was arrested in 2011 and the court did not rule in his favor. He voiced homicidal ideation towards corrupt government officials and expressed that if suicide was the way to be without pain, he would act on it.

PAST PSYCHIATRIC TREATMENT:

BH Discharge Summary

Page 1 of 2

BH Discharge Summary
STEBBINS, DAVID
Account #: SV0131867699

Patient reports being hospitalized at Vista Health in Fort Smith in 2007. He reports no outpatient treatment. He reports no previous suicide attempts.

HOSPITAL COURSE:

The patient was admitted to the APU and placed on SP2 precautions. The patient was started on Zoloft 50 mg daily. Therapies were also ordered. The patient's symptoms were consistent with paranoia and a belief that the government was out to harm him. He also reported poor sleep. The patient exhibited some reluctance to medications stating that medications could not alleviate his depression and pain. However, he was agreeable to a trial of Seroquel 100 mg at bedtime after a discussion of the risks and benefits. During the patient's hospitalization, he participated in therapies. He exhibited no combative behavior or agitation. However, he continued to report depressed mood. During the patient's hospitalization, he processed his feelings regarding his situation later acknowledging that an acute hospitalization would most likely not alter his situation. At the time of discharge, he reported no active suicidal ideation. He continued to report hopelessness regarding his situation due to the fact that he felt that the government may get away with doing harm to him. He reported no active homicidal ideation. The patient did not appear to be responding to internal stimuli. Based on a standard safety assessment, the patient was deemed not to be gravely disabled and did not appear to be an eminent risk of harm to himself or others. Safety planning was done and the patient was discharged home.

DISCHARGE FOLLOW UP:

Followup as per aftercare discharge summary.

DISCHARGE DIET:

No restrictions.

DISCHARGE MEDICATIONS:

As per medication reconciliation form.

Signature: ELOISE E WEEKS MD

<Electronically signed by ELOISE E WEEKS, MD> 06/19/15 1201

EEWEEKS/AW
DD/DT 06/04/15 2327
TT/TT 06/05/15 1052

cc:
ELOISE E WEEKS MD

St Bernards Medical Center 225 East Jackson Jonesboro, AR 72401

Hospitalist H&P

Patient Name: STEBBINS, DAVID

Account # SV0131867699 **Med Rec #** SM07090944

Admit Date: 04/24/15 **DOB:** **Age:** 26 **Sex:** M

Date and Time: 04/24/15 0552 **Status:** Signed

Hospitalist History & Physical

Chief Complaint: "There is no justice in the world"

HPI:

Pt is a 36 yr old male that was transferred here from North Arkansas Regional medical center after reports of intention to harm himself by drinking bleach. Pt has a history of Asperger's. He was taken to ED after reports of drinking three cups of bleach to commit suicide. He states he drank the bleach because "there is no justice in the world". He complains of throat, abdomen and chest pain. He denies nausea, vomiting diarrhea. Transfer paperwork states he drank 32 oz of household bleach and vomited bright red blood at home. He denies drug or alcohol ingestion. He is very short with answers and refuses to answer most questions. No family at bedside, information obtained from transfer paperwork.

- Past History

Medical History:

Asperger's syndrome

Surgical History:

Hernia Repair, Inguinal

Family History:

No known family history

Social History:

Never Smoker

Denies alcohol

denies illicit drugs

- Review of Systems

except as per HPI

Constitutional: Denies: weight loss, fever, chills, night sweats, change in appetite, other

Ears/Nose/Throat: Denies: tinnitus, otalgia, epistaxis, post nasal drip, voice changes, other

Cardiovascular: Confirms: chest pain. Denies: heart palpitations, edema, orthopnea, other

Respiratory: Confirms: hemoptysis. Denies: SOB, wheezing, DOE, cough, sputum, other

Gastrointestinal: Confirms: vomiting. Denies: nausea, diarrhea, melena, hematochezia, change in stool, odynophagia, anorexia, dyspepsia, other

Genitourinary/Gynecologic: Denies: dysuria, hematuria, urgency, frequency, incontinence, pelvic

Hospitalist H&P

Continued

Hospitalist H&P

STEBBINS, DAVID

SV0131867699

pain, vaginal bleeding, discharge, last menses, other

Musculoskeletal: Denies: arthralgia, myalgia, weakness, trauma, frequent falls, other**Neurologic:** Denies: dizziness, confusion, tremor, headache, focal weakness, paresthesia, ataxia, dysarthria, memory loss, other**Endocrine:** Denies: heat/cold intolerance, polyuria, polyphagia, polydipsia, other**Psychologic:** Confirms: suicidal ideation. Denies: fear, anxiety, tearful, worthlessness, other**Integumentary/Breast:** Denies: rashes, masses, ulcerations, tattoos, tenderness, implants, discharge, other**Hematologic/Lymphatic:** Denies: bleeding or bruising easily, swollen lymph nodes, history of blood transfusion, anemia, other**Allergic/Immunologic:** Denies: asthma, hives, eczema, rhinitis, pruritus, other**Vital Signs**

Temp	Pulse	Resp	BP	Pulse Ox
98.6 F	100 H	21	128/92	98
04/24/15 04:37	04/24/15 04:37	04/24/15 04:37	04/24/15 04:37	04/24/15 05:12

- Physical Exam**Constitutional/Psychiatric:** alert, oriented to time, oriented to place, oriented to person**Head:** normocephalic, atraumatic, no sinus tenderness**Neck:** supple, trachea midline, no thyromegaly**Eyes:** PERRL, EMOL, no icterus**Ears:** hears ordinary conversation, tympanic membranes intact bilateral**Nose:** nares patent and functional, turbinates not inflamed, other**Mouth/Throat:** uvula midline, pharynx not injected, tongue midline, moist mucous membranes, other**Cardiovascular:** regular rate, regular rhythm, without murmur**Respiratory:** clear to auscultation bilaterally, no wheeze, no rales, no rhonchi, chest wall moves symmetrically with inspiration, chest wall moves symmetrically with expiration**Gastrointestinal:** soft, nontender, nondistended, positive bowel sounds, no organomegaly palpated**Musculoskeletal:** no costovertebral angle tenderness, equal strength upper extremities, equal strength lower extremities**Peripheral Pulses:** Dorsalis-Pedis (L): 2+, Dorsalis-Pedis (R): 2+, Radial (L): 2+, Radial (R): 2+**Lymphatic:** no neck adenopathy, no supra/intraclavicular adenopathy, no axillary adenopathy, no inguinal adenopathy

WBC-14.9

Hgb-17.1

Hct-49.3

Plt-265

Na-139

K-3.3

Cl-106

CO2-20

BUN-20

Hospitalist H&P

Continued

Hospitalist H&P

STEBBINS,DAVID

SV0131867699

Cr-1.1
UDS-all negative

Pertinent labs reviewed, Pertinent vital signs reviewed

- VTE Prophylaxis

VTE Prophylaxis: TEDs & SCDs

<KAUFFMAN,ANDREW W RN - Last Filed: 04/24/15 05:52>

- Past History

Surgical History:

Hernia Repair, Inguinal

Social History:

Never Smoker Incapacitated

Physician Addendum:

Pt seen/examined. Agree with H&P, PE and summarized A/P. See orders.

<MERRYMAN,DARON E - Last Filed: 04/24/15 06:58>

- Allergies & Home Medications

Allergies



No Known Allergies Allergy (Verified 04/24/15 04:47)

Signature: ANDREW W KAUFFMAN RN

DARON E MERRYMAN MD

<Electronically signed by DARON E MERRYMAN MD> 04/24/15 0658

Hospitalist H&P

St. Bernards Medical Center 225 East Jackson 870-207-4100 Jonesboro, AR 72401		Medication Reconciliation MEDICATIONS TO BE TAKEN AT HOME	Page: 1 Date: 04/30/15 07:18 User: STERLING, LAURA A RN
STEBBINS, DAVID MR#: SM07090944 ACCT#: SV0131867699 DOB: Admitting: ELOISE E WEEKS Allergy/AdwResc: No Known Allergies		Location: APU 305-08	
		 SNUR8104	 SV0131867699
Give this list to your primary care physician. Keep this list updated if any of your medications or over the counter medications are stopped, changed or a new medication added. Carry medication information at all times in the event of emergency situations.			
Last Taken		Medications To Be Taken At Home	
04/29/15 21:00		Oxetapine 100MG ORAL BEDTIME (SEROquel) depression	
04/30/15 07:15		sertraline 50MG ORAL DAILY (Zoloft) depression	
STOP taking the following medications			
		No records found	
Patient/Caregiver Signature		Date/Time	

St Bernards Medical Center 225 East Jackson Jonesboro. AR 72401

Hospitalist Progress Note

Patient Name: STEBBINS, DAVID

Account # SV0131867699 **Med Rec #** SM07090944

Admit Date: 04/25/15 **DOB:** : **Age:** 26 **Sex:** M

Date and Time: 04/25/15 1341 **Status:** Signed

Hospitalist Note

SBBH called. Has a room available today. Pt agreeable to SBBH. Will transfer there today. Short stay form complete.

Signature: MELISSA E WOOD CNP

ANDREA L. READ DO

<Electronically signed by MELISSA E WOOD CNP> 04/25/15 1342

<Electronically signed by ANDREA L. READ DO> 04/26/15 1057

Hospitalist Progress Note

St Bernards Medical Center 225 East Jackson Jonesboro. AR 72401

Hospitalist Progress Note

Patient Name: STEBBINS, DAVID

Account # SV0131867699 **Med Rec #** SM07090944

Admit Date: 04/25/15 **DOB:** **Age:** 26 **Sex:** M

Date and Time: 04/25/15 0639 **Status:** Signed

Hospitalist Note with Problem

Chief Complaint:

Angry, Frustrated. And Sore allover.

HPI: Patient seen/examined today

ROS otherwise neg. Denies f/c/nvd/ha/mouth pain/sore throat/change in bowel/bladder

Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox
37.0 C	93 H	22	108/73	98
04/24/15 04:37	04/24/15 15:50	04/24/15 15:50	04/24/15 15:50	04/24/15 05:12

- Physical Exam

Constitutional/Psychiatric: alert, oriented to time, oriented to place, oriented to person, no acute distress, other - asleep, awakens easily to voice but drifts back to sleep during conversation

Head: normocephalic, no sinus tenderness

Eyes: PERRL

Ears: hears ordinary conversation

Mouth/Throat: moist mucous membranes, other - no ulcers or lesions.

Cardiovascular: regular rate, regular rhythm

Respiratory: clear to auscultation bilaterally - normal respiratory effort

Gastrointestinal: soft, nontender, nondistended

Integumentary: warm, dry

Neurological: speech fluent, CN II-XII grossly intact

Other:

seems short and angry to questions

reports that he has not help or support at home

feels sad and angry at the world

"no one understands him"

Labs

04/25/15 03:30

Hospitalist Progress Note

Continued

Hospitalist Progress Note

STEBBINS, DAVID

SV0131867699

01/25/15 03:10			81
135L	106	12	
3.6	21L	0.9	

Microbiology

04/24/15 06:30 Nare MRSA Surveillance Culture - Preliminary
TESTING IN PROGRESS

*: Pertinent vital signs reviewed

(1) Esophagitis, acute

minimal evidence of symptoms

continue ppi

can likely just do po as outpatient for 4-6 wks and taper off

also had some evidence of gastritis treatment would be the same as above

Status: Acute

(2) Ingestion of bleach

d/w poison control--recommend GI evaluation, CXR/KUB w/ any concern for perforation, routine

monitor of electrolytes

patient stable and improve

ok to feed and advance diet per GI team

Status: Acute

(3) Suicidal ideation

pt. has been evaluated by behavioral health per nursing reports

I can't not find documentation in the chart

patient will likely need inpatient admission to psych facility

perhaps closer to patients home in harrison

patient medically stable to go to the floor, but will need 1:1 sitter

Status: Acute

(4) Suicide attempt

cont suicide precautions

reconsult SBBH when medically ready for discharge

Status: Acute

(5) Asperger's syndrome

unsure of patients level of cognition but this will definately play a role in patient medical and psych care

Status: Chronic

Hospitalist Progress Note

Continued

Hospitalist Progress Note

STEBBINS,DAVID

SV0131867699

- VTE Prophylaxis

VTE Prophylaxis: TEDs & SCDs, None

VTE Pharmacological Contraindications: Not Indicated - less than 40 and ambulating, low risk

Reason for Pharmacological Contraindication:: less than 40 and ambulatory

VTE Mechanical Contraindications:: Not Indicated - ambulatory and less than 40 years of age

Reason for Mechanical Contraindication:: less than 40 and ambulating

Signature: ANDREA L. READ DO

<Electronically signed by ANDREA L. READ DO> 04/26/15 1123

Hospitalist Progress Note

St Bernards Medical Center 225 East Jackson Jonesboro. AR 72401

Hospitalist Progress Note

Patient Name: STEBBINS, DAVID

Account # SV0131867699 **Med Rec #** SM07090944

Admit Date: 04/24/15 **DOB:** **Age:** 26 **Sex:** M

Date and Time: 04/24/15 1105 **Status:** Signed

Hospitalist Note with Problem

Chief Complaint:

brief f/u
admitted early this morning
no further vomiting/hemetemesis
he reports burning/pain in his chest and abdomen

- Physical Exam

Constitutional/Psychiatric: no acute distress, other - asleep, awakens easily to voice but drifts back to sleep during conversation

Ears: hears ordinary conversation

Cardiovascular: regular rate, regular rhythm

Respiratory: clear to auscultation bilaterally - normal respiratory effort

Gastrointestinal: soft, nontender, nondistended

Integumentary: warm, dry

***:** Pertinent labs reviewed, Pertinent vital signs reviewed

(1) Ingestion of bleach

d/w poison control--recommend GI evaluation, CXR/KUB w/ any concern for perforation, routine monitor of electrolytes

consult GI

cont NPO/PPI

Would expect him to be more symptomatic with ingestion of 24-32oz bleach

Status: Acute

(2) Suicide attempt

cont suicide precautions

reconsult SBBH when medically ready for discharge

Status: Acute

(3) Asperger's syndrome

Status: Chronic

- VTE Prophylaxis

VTE Prophylaxis: TEDs & SCDs

Hospitalist Progress Note

Continued

Hospitalist Progress Note

STEBBINS,DAVID

SV0131867699

Signature: KASEY M. HOLDER MD

<Electronically signed by KASEY M. HOLDER MD> 04/24/15 1113

Hospitalist Progress Note

St Bernards Behavioral Health 2712 East Johnson Jonesboro. AR 72401

Patient Name: STEBBINS, DAVID

Account # SV0131867699 **Med Rec #** SM07090944

Admit Date: 04/24/15 **DOB** 1 **Age:** 26 **Sex:** M

Date and Time: 04/29/15 1444 **Status:** Signed

Vital Signs:

Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox
96.6 F L	80	16	116/73	95
04/29/15 08:00	04/29/15 08:00	04/29/15 08:00	04/29/15 08:00	04/29/15 08:00

- Mental Status Exam

General Appearance/ Behavior: Disheveled, Bizarre, Restless, Good Eye Contact

Thought Process: Organized

Speech: Normal, Volume, Rate, and Tone

Orientation: Alert and Oriented to Person, Place, and Time

Signature: ELOISE E WEEKS MD

<Electronically signed by ELOISE E WEEKS MD> 06/19/15 1203

Psychiatric Progress Note

St Bernards Behavioral Health 2712 East Johnson Jonesboro, AR 72401

Patient Name: STEBBINS, DAVID

Account # SV0131867699 **Med Rec #** SM07090944

Admit Date: 04/24/15 **DOB** **Age:** 26 **Sex:** M

Date and Time: 04/29/15 1444 **Status:** Signed

Vital Signs:

Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox
96.6 F L	80	16	116/73	95
04/29/15 08:00	04/29/15 08:00	04/29/15 08:00	04/29/15 08:00	04/29/15 08:00

- Mental Status Exam

General Appearance/ Behavior: Disheveled, Bizarre, Restless, Good Eye Contact

Thought Process: Organized

Speech: Normal, Volume, Rate, and Tone

Orientation: Alert and Oriented to Person, Place, and Time

Signature ELOISE E WEEKS MD

<Electronically signed by ELOISE E WEEKS MD> 06/19/15 1203

Psychiatric Progress Note

St Bernards Behavioral Health 2712 East Johnson Jonesboro. AR 72401**Patient Name:** STEBBINS, DAVID**Account #** SV0131867699 **Med Rec #** SM07090944**Admit Date:** 04/25/15 **DOB:** **Age:** 26 **Sex:** M**Date and Time:** 04/27/15 1600 **Status:** Signed**Reason for Admission:** Depression, Psychosis, Suicidal**History of Present Illness:**

Pt seen and case reviewed, and discussed with staff. Staff report that patient has list of concerns to discuss with patient. On interview, writer initially discussed what led to hospitalization. He reports that he feels as if he has been targeted by law enforcement and the government. He cites on example as when in 2011, he was arrested for assaulting his father. He reports that he sued his father and recently went to trial, representing himself. He reports that on the day of the overdose, the jury found in favor of his father. He reports this triggered the overdose bc he felt as if he could not be happy and not succeed bc of constantly being put down by the government. When asked why the govt would target him, he says "Because they know that I have the brains to be a leader and change things." he appeared frustrated, brushing and pulling his hair bc he reported that he needs to overthrow the current govt structure and lead a revolt. He asked writer about "sovereign immunity and how tx team could help get rid of it.

When asked how the govt knew he had the intellect/skill to be a govt leader, he said "because I went to public school. they have the records."

He shared that if he can accomplish his goals and obtain money, he has a plan to rid the govt of the current corruption. He states that all govt employees would wear a AV camera 24/7 to make sure they don't participate in any corrupt processes in/out of the office. He states that all data would be kept safe unless it was requested.

He reports that this is the source of his frustration, anger, and depression. He acknowledged perseverative thoughts regarding it. Writer suggested that patient focus on something else, consider forgiving his father, letting go since trial is over, and make some shortterm goals. However, pt stated in a condescending way that this was not possible for him.

He also expressed concern for medications, stating that he did not like that Dr. Wise started him on medications, because it would not solve his problem.

He cites his mother as his main support, but also states that she and others believe that he is paranoid.

He reports continued death wishes, desire not to live. He states that being dead would solve his problem.

He acknowledged sleep disturbances. Reports he spends a lot of time pacing, which he considers a coping mechanism. He reports not falling asleep until early am and slept until noon.

- ROS**Psychiatric/Neurological:** See HPI**Vital Signs:****Vital Signs**

Psychiatric Progress Note

Continued

Psychiatric Progress Note

STEBBINS, DAVID

SV0131867699

Temp	Pulse	Resp	BP	Pulse Ox
96.8 F L	101 H	18	128/87	94
04/26/15 20:00	04/26/15 20:00	04/26/15 20:00	04/26/15 20:00	04/26/15 20:00

- Mental Status Exam**General Appearance/ Behavior:** Disheveled, Bizarre, Restless, Good Eye Contact**Thought Process:** Organized**Thought Content/ Associations:** Paranoia, Delusions, Obsessions**Mood:**

depressed

Affect: Other - restricted**Judgment:** Impaired**Insight:** Impaired**Speech:** Normal, Volume, Rate, and Tone**Gait:** Normal Gait and Stride**Orientation:** Alert and Oriented to Person, Place, and Time**Assessment and Plan:**

Asperger's

r/o Unspecified Bipolar and related disorder vs MDD-R,S

r/o Delusional disorder, NOS

r/o IED, based on self report

Pt reports that he was informed in court that he had a dx of IED.

Pt's sleep disturbances, grandiose delusions, family hx of Bipolar disorder are add concern for Bipolar Disorder

However, it is also difficult to say if the delusional thinking is separate, as delusional disorder, NOS

Agree with Dr. Wise and Dr. Broadway in that the patient exhibits possibly cluster b traits

Pt agreeable to continuing Zoloft after discussing potential benefits

Pt reports failing OTC sedatives and not sleeping last night with Trazodone.

He is agreeable to a trial of Seroquel 100mg po HS.

This may target sleep, mood, and delusions.

Continue inpt level of care as pt remains gravely disabled.

Signature: ELOISE E WEEKS MD

<Electronically signed by ELOISE E WEEKS MD> 04/27/15 2348

Psychiatric Progress Note

Print Date 05/01/15

St. Bernards Medical Center

Page 1

Print Time 0015

225 E. Jackson Ave. Jonesboro, AR 72401

Medical Record Laboratory Report

Patient Name: STEBBINS, DAVID

Age: 26/M

Ins: MCDA

DOB:

Loc: APU

Med Rec #: SM07090944

Account #: SV0131867699

Responsible Dr: WEEKS, ELOISE E MD

Report Recipients:

FORWARD-WISE, ROBIN L MD

HOLDER, KASEY N MD

MERRYMAN, DAKON E MD

SMITH, MARK M MD

STIDMAN, JEFFREY S MD

WEEKS, ELOISE E MD

*** CHEMISTRY ***

Date Time	COLL 4/25/15 0330	COLL 4/24/15 0510	Reference	Units
SODIUM	135 L	137	(137-145)	MMOL/L
POTASSIUM	3.6	4.3	(3.5-5.1)	MMOL/L
CHLORIDE	106	107	(98-107)	MMOL/L
CO2	21 L	22 L	(24-32)	MMOL/L
ANION GAP	7.0	8.1	(1-17)	MMOL/L
BUN	12	19	(9-20)	MG/DL
CREATININE	0.9	0.8	(0.8-1.5)	MG/DL
GFR	> 60	> 60		
GFR AFRICAN AMER	> 60(A)	> 60(A)		

- (A) THE MDRD STUDY EQUATION HAS BEEN VALIDATED IN CAUCASIAN AND AFRICAN-AMERICAN POPULATIONS WITH IMPAIRED KIDNEY FUNCTION (eGFR <60ml/min/1.73m²) BETWEEN 18 AND 70 YEARS OF AGE. THE GFR ESTIMATE IS NOT ADJUSTED FOR ALTERED BODY SURFACE AREA, MEDICATION USAGE OR NUTRITIONAL STATUS. IT HAS NOT BEEN VALIDATED FOR CHILDREN LESS THAN 18 YEARS, PREGNANT WOMEN, ETHNIC GROUPS OTHER THAN CAUCASIAN AND AFRICAN AMERICAN, AND PATIENTS WITH SERIOUS COMORBID CONDITIONS.

CREAT CLR(ESTIMATE) ADJ BDY W | 157.3(B) | 171.1(B) | ml/min

- (B) This Estimated Creatinine Clearance value was determined by using the Cockcroft-Gault formula. If the patient's actual body weight is greater than 1.2 times their Ideal Body Weight, their adjusted body weight will be used in this calculation, otherwise the patient's actual body weight will be used.

CREAT CLR(EST), ACTUAL BODY W | 188.0(C) | 197.0(C) | ml/min

- (C) This estimated Creatinine Clearance value was determined by using the Cockcroft-Gault formula and the patient's most recently recorded actual body weight at the time of specimen collection.

BUN/CREATININE RATIO	14.6	22.4 H	(10-20)	
GLUCOSE	81	109 H	(74-106)	MG/DL
CALCIUM	8.5	8.7	(8.4-10.2)	MG/DL
BILIRUBIN, TOTAL	0.7		(0.2-1.3)	MG/DL

** CONTINUED ON NEXT PAGE **

Print Date: 05/01/15
Print Time: 0015

St. Bernards Medical Center
225 E Jackson Ave, Jonesboro, AR 72401
Medical Record Laboratory Report

Page 2

Patient: STEBBINS, DAVID
Account #: SV0131067699

DOB: _____
MR#: SMO7090944

(Continued)

*** CHEMISTRY (CONTINUED) ***

Date Time	COLL 4/25/15 0330	COLL 4/24/15 0510	Reference	Units
AST	31		(17-59)	IU/L
ALT	38		(21-72)	IU/L
TOTAL PROTEIN	6.1 L		(6.3-8.2)	G/DL
ALBUMIN	3.3 L		(3.5-5.0)	G/DL
A/G RATIO	1.2 L		(1.4-1.9)	
ALKALINE PHOSPHATASE	44		(38-126)	IU/L

*** SPECIAL CHEMISTRY ***

Date Time	COLL 4/25/15 0330	Reference	Units
VITAMIN B12	341	(239-931)	PG/ML
TSH	2.46	(0.465-4.68)	UIU/ML

*** HEMATOLOGY ***

Date Time	COLL 4/25/15 0330	COLL 4/24/15 1000	Reference	Units
WHITE BLOOD COUNT	9.5	12.7 H	(4.8-10.8)	1000/UL
RED BLOOD COUNT	4.80	5.00	(4.7-6.1)	MIL/MM3
HEMOGLOBIN	13.8 L	14.3	(14.0-18.0)	G/DL
HEMATOCRIT	41.2 L	42.7	(42.0-52.0)	%
MCV	85.9	85.3	(80-100)	FL
MCH	28.7	28.6	(26-34)	PG
MCHC	33.5	33.5	(31-37)	G/DL
RDW	13.7	13.8	(11.5-14.0)	%
PLATELET COUNT	152	168	(150-400)	1000/MM3
MPV	8.4	8.4	(7.4-10.4)	FL
NEUTROPHILS %	68.8	78.2 H	(40-70)	%
LYMPHOCYTES %	23.6	13.8 L	(22-44)	%
MONOCYTES %	5.0	6.7	(3.0-7.0)	%
EOSINOPHILS %	2.2	0.9	(2.0-4.0)	%
BASOPHILS %	0.4	0.4	(0.0-1.0)	%
NEUTROPHILS #	6.6	9.9 H	(1.8-7.8)	TH/MM3
LYMPHOCYTES #	2.3	1.8	(1.0-4.8)	TH/MM3
MONOCYTES #	0.5	0.9 H	(0.0-0.8)	TH/MM3
EOSINOPHILS #	0.2	0.1	(0.0-0.5)	TH/MM3
BASOPHILS #	0.0	0.0	(0.0-0.2)	TH/MM3

Date Time	COLL 4/24/15 0510	Reference	Units
WHITE BLOOD COUNT	14.4 H	(4.8-10.8)	1000/UL
RED BLOOD COUNT	4.94	(4.7-6.1)	MIL/MM3
HEMOGLOBIN	14.4	(14.0-18.0)	G/DL
HEMATOCRIT	41.9 L	(42.0-52.0)	%

** CONTINUED ON NEXT PAGE **

Print Date: 05/01/15
 Print Time: 0015

St Bernards Medical Center
 225 E Jackson Ave, Jonesboro, AR 72401
 Medical Record Laboratory Report

Page 3

Patient: STEBBINS, DAVID
 Account #: SV0131867699

DOB
 MR# SM07090944

(Continued)

*** HEMATOLOGY (CONTINUED) ***

Date	Time	COLL 4/24/15 0510	Reference	Units
MCV		84.8	(80-100)	FL
MCH		29.2	(26-34)	PG
MCHC		34.5	(31-37)	G/DL
RDW		13.4	(11.5-14.0)	%
PLATELET COUNT		182	(150-400)	1000/MM3
MPV		8.1	(7.4-10.4)	FL
NEUTROPHILS %		86.5 H	(40-70)	%
LYMPHOCYTES %		9.1 L	(22-44)	%
MONOCYTES %		3.8	(3.0-7.0)	%
EOSINOPHILS %		0.4 L	(2.0-4.0)	%
BASOPHILS %		0.2	(0.0-1.0)	%
NEUTROPHILS #		12.5 H	(1.8-7.8)	TH/MM3
LYMPHOCYTES #		1.3	(1.0-4.8)	TH/MM3
MONOCYTES #		0.6	(0.0-0.8)	TH/MM3
EOSINOPHILS #		0.1	(0.0-0.5)	TH/MM3
BASOPHILS #		0.0	(0.0-0.2)	TH/MM3

** CONTINUED ON NEXT PAGE **

Print Date 05/01/15
Print Time 0015

St. Bernards Medical Center
225 E Jackson Ave. Jonesboro, AR 72401
Medical Record Laboratory Report

Page 4

Patient: STEBBINS, DAVID
Account #: SV0131867699

DOB: 1
MR#: SHU7U9U944

(Continued)

Microbiology ***** Specimen Summary *****

Col	Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms
>	04/25/15	1200	15 M0010952R	NARE		F	<none>
>	04/24/15	0630	15 M0010810R	NARE		F	<none>

** CONTINUED ON NEXT PAGE **

Print Date 05/01/15
Print Time 0015

St. Bernards Medical Center
225 E Jackson Ave. Jonesboro, AR 72401
Medical Record Laboratory Report

Page 5

Patient: STEBBINS, DAVID
Account #: SV0131867699

DOB:
MR#: 5007090944

(Continued)

*** MICROBIOLOGY ***

Spec: 15 N0010810R
Source: NARE
Spec Desc:

Collection Date: 04/24/15-0630
Received Date: 04/24/15-1114

Susceptibility Legend: R=RESISTANT I=INTERMEDIATE S=SUSCEPTIBLE

MRSA SURV INITIAL Final 04-25-15

MRSA SURVEILLANCE SCREEN: NEGATIVE

Spec: 15 N0010952R
Source: NARE
Spec Desc:

Collection Date: 04/25/15-1200
Received Date: 04/25/15-2035

Susceptibility Legend: R=RESISTANT I=INTERMEDIATE S=SUSCEPTIBLE

MRSA SURV DISC Final 04-25-15

MRSA SURVEILLANCE SCREEN: NEGATIVE

** END OF REPORT **

DATE: 04/30/15 @ 0716 USER: LSTERLING	St. Bernards Medical Center ADM *LIVE* Discharge Instructions	PAGE 1
St. Bernards Behavior Health 24 hour emergency phone number: 870-932-2800		
Patient Name: STEBBINS, DAVID	Room #: 305	Primary Care Physician Name and Phone:
Date of Birth: .	Account #: SV0131867699	
Admit Date: 04/23/15	Unit: APU	
Att Dr: WEEKS, ELOISE E MD	Report #: 0000-0000	Discharge Instruction Type: Other

Reason for Visit: ESOPHAGITIS, HEMATEMESIS

Major Procedures/Surgeries/Tests During Hospitalization With Brief Summary of Results:
No Major Surgeries

Follow-Up Visits:

Appointment 1 Doctor Name: Health Resources (Chris A) Phone: 866-308-9925 Appointment Date: 5/1/2015
Follow Up Appointment: Fax: 870-741-474784 Appointment Time: 330pm
Patient/Caregiver was Instructed to Schedule Appointment 1: No
Follow Up Appointment Comment 1:
4081 highway 7 south

harrison arkansas 72602

Diets:

No Restrictions

If Patient is Transferred to Another Facility

Surgeries/Tests/Procs Sent to Facility Along with Patient:

Patient Has Advance Directive / Care Plan? No

Patient Wants an Advance Directive / Care Plan? Patient Refused

Activity:

Resume Normal Activity

Has This Patient had a Stroke or Stroke Risk Factors? No

**Stroke or Other Diagnoses Could Include

TIA, CVA, Mental Status Change, Subarachnoid

Hemorrhage, or Carotid Endarterectomy**

Have you Used Tobacco Products in the Past 30 Days? No

Pt Request Electronic Copy of D/C Inst. via eMail, Fax, or CD? No

Was the Electronic D/C Inst. Given to Pt via eMail, Fax or CD? No

Discharge Diagnosis:

Major Depressive disorder, recurrent, severe, aspergers syndrome

Type of Discharge:

Routine

Status on Discharge:

Oriented

Alert

Cooperative

Daily Care:

Self

Did Patient Have a VTE Diagnosis on Warfarin Therapy? No

Approximate Date of Any Pneumococcal Vaccination?

none

Eligible for Pneumovax 0.5 Milliliters IM at Discharge? Patient Declines Vac.

Patient was Discharged on 2 Antipsychotic Medications? No

Follow up Recommendations to Patient Included: Follow up as Noted Above

Discharge Global Assessment of Function (GAF): 59

Behavioral D/C Summary and Med Rec Faxed to Providers Listed Yes

Discharge Weight:

236.335 lbs. 0.

Other Instructions Given:

Pending Radiology (CT, X-Ray) or Tissue/Biopsy Studies

No Rad Test Pending

DATE: 04/30/15 @ 0716		St. Bernards Medical Center ADM *LIVE*		PAGE 2
USER: LSTERLING		Discharge Instructions		
St. Bernards Behavior Health 24 hour emergency phone number: 870-932-2800				
Patient Name: SYDNEE NAVIG	Room #: 305	Primary Care Physician Name and Phone:		
Date of Birth:	Account #: SV0131867699			
Admit Date: 04/25/15	Unit: APU			
Att Dr: WEEKS, ELOISE E MD	Report #: 0000-0000	Discharge Instruction Type: Other		

No Lab Test Pending

If you were told you have test results Pending, call your Primary Care Physician listed above or the St. Bernards Medical Records Department at 870-972-4170 to arrange receiving a copy of the results.

Discharged to: Home

Discharged via: Ambulatory

Discharge Medication Instructions Given: Patient

Primary Caregiver:

We have given you a PATIENT HOME MEDICATION LIST with these Discharge Instructions.

Please give an updated medication list to your primary care physician. Update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added, and to carry medication information at all times in the event of emergency situations.

This written transition record (Discharge Instructions and Home Med List) was faxed to the next provider(s) of care listed above for follow-up care at:

Nurses Signature

Date/Time

Patient or Responsible Party Signature

Date/Time

cc:

Health Resources (Chris A)

The Patient was given access to the following documents on Apr 29, 2015

BIPOLAR DISORDER - Discharge Care, English

Special Instructions:
Denied family involvement.

SUICIDE PREVENTION FOR ADULTS - Discharge Care, English

Special Instructions:
Denied family involvement.

I have read these documents related to my care, or have had them read to me. I understand this information and have had the opportunity to ask questions.

David Stebbins

Patient/Guardian's Signature (date/time)

Patient's Name: David Stebbins

Morganne Brown LCSW 04/29/15

Caregiver's Signature (date/time)

Caregiver's Name: Morganne Brown, LCSW

STEBBINS, DAVID
8V0131567609
SEX: M DOB: AGE: 026
REQ DT: 04/26/2015 SMO7090944



STEBBINS, DAVID
PT: SV0131867699
SEX: M DOB:
G DT: 04/25/2015

AGE: 026
MR: SM07090944

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR

135 | 100 | 12
3.6 | 21 | 0.9
9.5 | 13.8 | 15.2
4.2

AST: 31
ALT: 38

ADULT ADMISSION
PSYCHIATRIC EVALUATION

Past Medical / Surgical History / Allergies:

NKA

Surg. hx: hernia repair

PMH: intentional OD

HABITS:

Lifetime history of alcohol / drug abuse: Denies

Legal status:

domestic battery 2011

Denies upcoming court dates

MENTAL STATUS EXAM: BP: 153/75 P: 99 R: 16 SaO₂: 98% RA T: 98

Appearance: stated age, minimally cooperative, Tall, Poor eye

contact, staring at floor, head supported by hands

Mood / Affect: "Sleepy" / irritable, agitated

Speech:

language intact

Intellectual function:

SOI

16 months Det A - kicked out jail

"they are construing something I said as a threat"

THOUGHTS:

Process:

Linear / perseverates on corruptness of Government

Content:

"If I could die without pain, I would

take that." HT - toward corrupt government officials

Delusions:

Denies ~~harmful~~ ~~harmful~~ ~~harmful~~ viewpoint

STEBBINS, DAVID
PT: SV0131867699
SEX: M DOB:
DT: 04/26/2010

AGE: 026
MR: SM07080944

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR



SBIU3012

ADULT ADMISSION PSYCHIATRIC EVALUATION

Perceptual Disorders / Hallucination: Denies AVH
"How would I know if they are real or not?"

COGNITION:

Orientation: 110x1

Judgment / Insight: poor 1/2

Memory / Retention / Recall: 313 at 5 minute recall

Remote: intact FK: 313

Recent: intact conc: 515

Immediate: intact

Abstracting ability: good

SAFETY:

Violence to self or others in previous year: No

Homicidal: No

Suicide plan or attempt within 1 year: (4)

Markedly decreased daily function: _____

STRENGTHS: (Circle all that apply—minimum of two)

VERBAL FAMILY SUPPORTIVE GOOD PHYSICAL HEALTH MOTIVATED
 INTELLIGENT / INSIGHTFUL EMPLOYED ATHLETIC MINIMALLY COOPERATIVE
 OTHER: _____

WEAKNESSES: (Circle all that apply)

POOR PHYSICAL HEALTH CHAOTIC SOCIAL SITUATION NOT COOPERATIVE
~~LIMITED COGNITIVE ABILITIES~~ IMPULSIVE DECREASED AUDIO/VISUAL ACUITY
LACK OF INSIGHT TREATMENT NON-COMPLIANCE CHRONIC MENTAL
 ILLNESS
LEGAL PROBLEMS SCHOOL PROBLEMS
 OTHER: _____

STEBBINS, DAVID
PT: SV0131867699
SEX: M DOB:
DT: 04/25/2015

AGE: 028
MR: SM07090944

ST. BERNARDS
MEDICAL CENTER
Behavioral Health Unit
Jonesboro, AR



SBHUJ012

ADULT ADMISSION
PSYCHIATRIC EVALUATION

DIAGNOSIS:

AXIS I:

MDD-RS

Aspergers

r/o IED r/o Delusional

AXIS II:

Circumplex traits - narcissistic, antisocial

AXIS III:

Recent OD i bleach

AXIS IV:

primary / social / legal

AXIS V: Current Global Assessment of Function

28

Highest Past Year

EVALUATION:

LABS (CIRCLE): TSH

HEMOGRAM

LFTIS

CMP

BMP

URINE DRUG SCREEN

UA / PREG

UDS completed at presentation

Other Labs:

B12

Drug Level (Name):

TREATMENT:

Medications:

Zoloft 50mg
Collateral

Daily therapy

Therapies:

Group

Family

Individual

Activity Therapy

MILIEU:

Therapeutic Level System

Medication Teaching

Nursing Education Group

Prognosis:

Estimated Length of Stay:

4-6 days

Physician Signature

Date/Time

Mallory Broadaway, DNP
426-151035

FAX TRANSMITTAL

To: DEPT CAREER ED KEVIN

Fax: 18707417231

Date: 12/09/2015

From:

Dept:

Phone:

Client Contact Note

Client Name: David Stebbins

Date: 12/16/2015

Description: closure narrative

Whose Note: AMY JONES CRC

For Program:

Status:

Type of
Contact:

Flag this Contact Note?

Note:

David's case was closed status 08 on this date after determining that he is not feasible for VR services at this time. David's behavior to both Fayetteville and Harrison staff has been hostile at every encounter. David did not want to cooperate in giving his medical information but relented that we could send an ROI to his last place of treatment, St. Bernard's Behavioral unit. Once records were received the RIDAC examiner reviewed records and concluded that David was not feasible for VR services at this time. Based on the Mr. Stebbins interaction with myself and staff, past records and history, and Mr. Stebbins refusal for treatment, I have determined him ineligible for services. I will notify Mr. Stebbins of this decision. I will alert the Harrison office staff to be on alert. AJ

Assign this as a task to:

STATE OF ARKANSAS

Asa Hutchinson
Governor

Charisse Childers, Ph.D.
Director



Arkansas Career Education
Division of Rehabilitation Services
Alan McClain, Commissioner

4058 NORTH COLLEGE ST.
150.
FAYETTEVILLE, AR 72703
(479)582-1286

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December 16, 2015

David Stebbins
123 W. Ridge
D
Harrison, AR 72601

**RE: ARKANSAS REHABILITATION SERVICES
CERTIFICATE OF INELIGIBILITY**

Client Name: David Stebbins

Case Number: 2015/12/16

Dear David Stebbins:

The diagnostic study has been completed, and based on the information I have and to the best of my knowledge and judgment, it does not appear that you are eligible for vocational rehabilitation services. If you are dissatisfied with this decision, you may file a request for an administrative review of this action to be made by a member or members of the supervisory staff of the agency. If dissatisfied with the findings of this review, you will be given an opportunity for a fair hearing. Applicants may be afforded an annual review to determine if any changes have occurred, which may result in a decision of eligibility.

THE REASON(S) FOR THIS DECISION IS:

Mr. Stebbins is not currently appropriate for vocational rehabilitation services. A referral to a local mental healthcare provider is strongly recommended. Mr. Stebbins would likely benefit from treatment and the support of a therapeutic relationship. Efforts to work with Mr. Stebbins should be coordinated with his treatment providers. His vocational success will depend on him stabilizing and effectively managing his psychiatric issues. In order for Mr. Stebbins to be appropriate for ARS services he should be able to demonstrate a period of stable functioning. He will also need to provide documentation from his mental healthcare providers that his symptoms are well-managed and they agree he is ready for training, school or work.

DESCRIBE CLIENT INVOLVMENT;

DATE FOR ANNUAL REVIEW IS [Insert date]

Sincerely,

AMY JONES CRC
District Manager

Crossroads Medical Clinic Washington Regional
1420 Hwy 62-66 North
Harrison, AR 72601
Phone (870) 741-3800 Fax (870) 741-6800

STEBBINS, DAVID (DOB: 01/27/56) Oct 20, 2008 Mon 02:40 PM

CC documentation of asperger condition, refill meds, recommend Dr. for aspergers condition

HPI 1) would like to see a Psych doctor
2) needs to get note for Aspergers
3) would like to change doctors due to the fact that he does not like the fact I require blood every 6 months--does not want to do nor likes the way Dr Chu asks and requires

ROS Patient denies any fever, chills, or malaise. Feeling generally well. Patient denies any recent fever, chills, headache, change in weight without trying, vision or hearing problems. No op, sob, doe, prd, orthopnea, or peripheral edema. They note no lumps or swollen glands, no new rashes, changing moles, or change in bowel or bladder function. No melena or BRBPR. Mood has been good and overall doing well.

PMH Asperger

SH Patient denies any tobacco use or recreational drug use.
refuses to get bloodwork

Allergies No Known Drug Allergies

Meds *WALMART*
DEPAKOTE ER EXTENDED RELEASE TABLETS 250 MG, 3 pm
FLUOXETINE CAPSULE 40 MG, One tablet QAM
RISPERDAL TABLETS 2 MG, 1.5 tab po qhs

Vitals Wt: 240 lb BP: 120/70 Pulse: 100 RR: 20 Temp: 99.2F

PE Well nourished and well developed in no acute distress. Affect is normal and appropriate. Mucosa pink and moist. Chest is CTA. Heart is RRR without murmurs. Gait is WNL.
pt refuses to get bloodwork

A/P # AUTISTIC DISORDER ACTIVE (299.00):

referral to Psych in Mt Home
refuses to get bloodwork
Talk to him about the need to find a NEW PCP --who does not care about his liver and depakote levels: monitoring his bloodwork is important to prevent future problems
If not better or is getting worse call the office or the on call Doctor

Printed By: Wanda Garrison, ROI 12/15/2015 8:12:59 AM

Amazing Charts

Page 1 of 2

The information on this page is confidential.
Any release of this information requires the written authorization of the patient listed above.

STEBBINS, DAVID (DOB:
Coded: 99213

2756)

Oct 20, 2008 Mon 02:48 PM

Electronically Signed By: Victor Chu, MD

Printed By: Wanda Garrison, ROI 12/16/2015 8:12:58 AM

Amazing Charts

Page 2 of 2

The information on this page is confidential.
Any release of this information requires the written authorization of the patient listed above.

Crossroads Medical Clinic Washington Regional
 1420 Hwy 62-65 North
 Harrison, AR 72601
 Phone (870) 741-3600 Fax (870) 741-6800

STEBBINS, DAVID (DOB: 12/27/56) Jun 16, 2008 Mon 10:40 AM

CC "special services physical"

HPI pt states needs above

ROS Patient denies any fever, chills, or malaise. Feeling generally well. Patient denies any recent fever, chills, headache, change in weight without trying, vision or hearing problems. No cp, SOB, DOE, PND, orthopnea, or peripheral edema. They note no lumps or swollen glands, no new rashes, changing moles, or change in bowel or bladder function. No melena or BRBPR. Mood has been good and overall doing well.

PMH Asperger

SH Patient denies any tobacco use or recreational drug use.

Allergies No Known Drug Allergies

Meds "WALMART"
 DEPAKOTE ER EXTENDED RELEASE TABLETS 250 MG, 3 pm
 FLUOXETINE CAPSULE 40 MG, One tablet QAM
 RISPERDAL TABLETS 2 MG, 1.5 tab po qhs

Vitals Wt: 265 lb BP: 140/78 Pulse: 84 RR: 18 Temp: 98.8F

PE WNLWD NAD. Affect is normal and appropriate. Mucosa is pink and moist with no boggy or discharge. Pharynx without erythema, exudates or injection. PERRLA. TMs and canals are normal bilaterally with normal light reflex and no erythema. Neck is supple without significant lymphadenopathy or thyromegaly. Chest CTA with normal I:E. Heart is RRR, nL S1 and S2 without murmurs, thrills, or rubs. Abdomen soft & non-tender. No HSM or masses appreciated. Extremities show no cyanosis, clubbing, or edema. Reflexes are normal and 2+ symmetrically of knees and achilles. Gait is WNL.

A/P # AUTISTIC DISORDER ACTIVE (260.00);
 # EXAM MEDICOLEGAL REASONS (V70.4);

Pre employment physical for Special Services
 Continue medications as directed.
 Return for any health concerns.

Printed By: Wanda Garrison, ROI 12/15/2015 8:13:24 AM

Amazing Charts Page 1 of 2

The information on this page is confidential.
 Any release of this information requires the written authorization of the patient listed above.

STEBBINS, DAVID (DOB:
Coded: 09395

2756)

Jun 18, 2008 Mon 10:40 AM

Electronically Signed By: Ruth Meyer, PA

Printed By: Wanda Garrison, ROI 12/15/2015 8:13:24 AM

Amazing Charts

Page 2 of 2

The information on this page is confidential.
Any release of this information requires the written authorization of the patient listed above.

Crossroads Medical Clinic Washington Regional
 1420 Hwy 62-66 North
 Harrison, AR 72601
 Phone (870) 741-3600 Fax (870) 741-8800

STEBBINS, DAVID (DOB: 756) Jan 29, 2008 Tue 03:46 PM

CC Needs lab. Fatigued. Refill meds. adb

HPI Patient notes feeling well without any specific complaints. but has need to decreaseen pill load and need to get in to see psych in Fayetteville

ROS Patient denies any fever, chills, or malaise. Feeling generally well.
 Patient denies any recent fever, chills, headache, change in weight without trying, vision or hearing problems. No cp, sob, doe, pnd, orthopnea, or peripheral edema. They note no lumps or swollen glands, no new rashes, changing moles, or change in bowel or bladder function. No melena or BRBPR. Mood has been good and overall doing well.

PMH Asperger

SH Patient denies any tobacco use or recreational drug use.

Allergies No Known Drug Allergies

Meds DEPAKOTE ER EXTENDED RELEASE TABLETS 250 MG, 3 PM
 FLUOXETINE 20 MG, BID
 RISPERDAL TABLETS 1 MG, 3PM
 WALMART

Vitals Wt: 251 lb BP: 123/75 Pulse: 113 Temp: 97.9F

PE GENERAL: WNWd NAD
 HEENT: WNL
 LUNGS: CTA
 HEART: RRR S1 S2 without murmurs, thrills, rubs
 ABDOMEN: WNL. Normal BS.
 EXTREMITIES: NO C/C/E. Normal Pulses.

A/P # AUTISTIC DISORDER ACTIVE (299.00);
 # INSOMNIA UNSPECIFIED (780.52);

PRESCRIBE: RISPERDAL TABLETS 2 MG, 1.5 tab po qhs, # 46, RF: 5.
 PRESCRIBE: FLUOXETINE CAPSULE 40 MG, One tablet QAM, # 30, RF: 5.
 PRESCRIBE: DEPAKOTE ER EXTENDED RELEASE TABLETS 250 MG, 3 pm, # 90, RF: 5.
 referral to Psych in Fayetteville
 needs to have CBC, Liver, Depakote levels
 F/U blood work if okay in July/August
 If not better or is getting worse call the office or the on call Doctor

Printed By: Wanda Garrison, ROI 12/15/2015 8:13:36 AM

Amazing Charts

Page 1 of 2

The information on this page is confidential.
 Any release of this information requires the written authorization of the patient listed above.

STEBBINS, DAVID (DOB: [REDACTED])

:756)

Jan 20, 2008 Tue 03:46 PM

Coded: 89213, 85025

Electronically Signed By: Victor Chu, MD

Printed By: Wanda Garrison, ROI 12/15/2015 8:13:36 AM

Amazing Charts

Page 2 of 2

The information on this page is confidential.
Any release of this information requires the written authorization of the patient listed above.

STATE OF ARKANSAS

Asa Hutchinson
Governor

Charisse Childers, Ph.D.
Director



Arkansas Career Education
Division of Rehabilitation Services
Alan McClain, Commissioner

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150,
FAYETTEVILLE, AR 72703
(479)582-1286

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December 17, 2015

David Stebbins
123 W. Ridge
D
Harrison, AR 72601

Dear David Stebbins:

Your case and records have been carefully reviewed and assessed by ARS. It has been determined that vocational rehabilitation services are not appropriate at this time.

The Licensed Psychological examiner has reported that a referral to a local mental healthcare provider is strongly recommended. Mr. Stebbins would likely benefit from treatment and the support of a therapeutic relationship. Efforts to work with Mr. Stebbins should be coordinated with his treatment providers. His vocational success will depend on him stabilizing and effectively managing his psychiatric issues. In order for Mr. Stebbins to be appropriate for ARS services he should be able to demonstrate a period of stable functioning. He will also need to provide documentation from his mental healthcare providers that his symptoms are well-managed and they agree he is ready for training, school or work.

After you have meet the requirements for vocational rehabilitation services and can provide documentation of treatment, stability and recommendations from providers that you are ready for training, school or work, we will reassess your vocational service needs.

Best Regards,
AMY JONES CRC
District Manager